HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

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STATE BOARD OF HEALTH

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., Health Officer

WHOOPING COUGH

Whooping Cough, one of the so called "diseases of childhood" is, next to measles, the most neglected of the diseases of children which is hard to understand since the mortality is especially high in children under five years of age and, it is estimated, at least sixty percent of cases reported are of children under five years of age.

The first symptoms of whooping cough are usually a slight cold, with cough and some fever. The cough and catarrhal symptoms become more severe and there is a running of the nose and reddened eyes.

The cough becomes pronounced and occurs in paroxysms usually from seven to fourteen days after exposure. The cough continues to get worse and soon the child has a pronounced "whoop". The attacks are very severe and leave the child exhausted. Vomiting sometimes follows the spells of coughing.

The cough continues in severity through days and nights for sometimes as long as four to six weeks, the intervals between attacks lessening in length as the disease progresses.

The strain of coughing almost incessantly brings about a condition of congestion of the bronchial tubes and lungs and the eyes, heart, kidneys and digestive organs are disordered.

Should pneumonia, which is a complication of whooping cough, set in there is usually very little hope for the child since the resistance is worn down and the lungs are already congested.

The common use of the phrase "It is only whooping cough" should be discouraged since it is interesting to note that during the past year whooping cough caused more than three times as many deaths in Florida as scarlet fever, smallpox and measles combined.

The one way to protect the child from whooping cough is to keep him away from anyone who has the disease and then if whooping cough is contracted secure a competent physician and adhere strictly to his orders.

While children suffering with whooping cough should have fresh air in abundance, as well as good wholesome food, the practice of taking the sick child on street cars, busses, trains and in public parks for an airing should be discouraged, since whooping cough is spread by droplet infection ejected from the mouth during the coughing spell and the disease is spread broadcast in a crowd.

Whooping cough is most dangerous so far as spreading the infection is concerned, during the early stages before a pronounced "whoop" has become noticeable and no definite knowledge of the presence of whooping cough is evident.

Since control of the spread of whooping cough consists in preventing well children from coming in contact with the sick child, the house should be placarded and the child kept from contact with other children. The protection of adults need not be considered so seriously as that of children. Care should be taken, however, in the

ADMINISTRATION (Cont.)

home to see that discharges from nose and throat are burned and that individual eating utensils are used by the patient.

Where a case of whooping cough has developed in a school and the child was present at the time the first faint "whoop" was noted, early signs resembling a cold with slight fever, should be watched for and upon the appearance of such symptoms the child should be excluded.

A keener appreciation of the real seriousness of whooping cough would lessen the mortality at least fifty percent. Too, a less selfish attitude, namely, just because your children are having whooping cough, it is immaterial whether all of the children in the neighborhood have it or not because it is a "disease of childhood and they all must have it", would lessen the incidence. Because your child has whooping cough should make you want to protect other children from the danger of contagion from your child.

If your child has Whooping Cough

DON'T—

Take him in crowded stores, street cars, churches.
Let him play with other children in the neighborhood.
Allow his eating utensils to be used by others.
Let him eat quantities of sweets.

DO—

Let him have plenty of fresh air.
Keep him warmly clad when out doors and out of drafts when in doors.
Keep him away from well children.
Consult a physician who can advise you as to his proper care.

AND ABOVE ALL REMEMBER WHOOPING COUGH IS A DANGEROUS DISEASE—PARTICULARLY FOR YOUNG CHILDREN.

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BUREAU OF CHILD WELFARE

Laurie Jean Reid, R. N., Director

REASONS FOR THE FAILURE TO OBTAIN RELIEF AFTER TONSIL AND ADENOID OPERATIONS*

By I. H. Goldberger, M. D., New York

Much has been written recently condemning tonsil and adenoid vegetation operations, the authors basing their objections on the failure to obtain relief from the many symptoms that prompted the removal originally of the suspected source of infection. Similar objections could be made against the removal of appendices for the relief of abdominal and associated symptoms, particularly if these ailments continued after operation. In the latter, a pathological gallbladder, particularly if overlooked, would continue to give the patient distress in spite of appendix removal. So too in cases where diseased

BUREAU OF CHILD WELFARE (Cont.)

tonsils and adenoid growths have been removed, with symptoms indicative of operative procedure would not be abated particularly if diseased accessory nasal sinuses are permitted to go untreated. It is my contention that children whose catarrhal symptoms do not subside after tonsillectomy and adenoidectomy, are in reality suffering from accessory nasal sinus disease. It is my belief also, that the majority, if not all, children who are operated on for the return of adenoid vegetation are victims of sinusitis.

Very little, if any, attention has been paid to the accessory nasal sinuses in children, until recently, although the prevalence of sinusitis in adults was recognized many years ago. This statement is based on the fact that Onodi could find in medical literature only fifty-three instances of disease of any of the accessory nasal sinuses developing before the age of ten years. In spite of this he feels that affections of these sinuses occur more frequently than heretofore has been supposed. The neglect or failure to consider the nasal sinuses as accessory foci of infection, may explain many disappointments through our failure to obtain relief after tonsil and adenoid operations. Only recently a case was referred to a rhinoligist for treatment through the family physician. A radiograph of the accessory nasal sinuses showed conclusively an antrum disease. In spite of the evidence he disagreed with two radiographers, the attending physician, a second rhinologist, and the writer, as to the presence of an antrum disease in the patient, and questioned the probability of sinuses in a child so young (6 years).

Age and Frequency. Sinusitis may occur at any age. Mungan reports a case at birth. Kelly collected eighteen cases of empyema of the antrum in infants. Collett reports a case of maxillary sinusitis in a month-old baby, and mentions six similar cases which he found in the literature in infants ranging in age from three day sto five weeks. "The pathogenesis of this early type of maxillary sinusitis in infants is different from that of the adult". Collett considers them general infections localized in the maxilla (osteitis) and then in the sinuses. The fact that the antrum is the largest cavity at birth may explain its predisposition to infection so early in life and so frequently later on.

The belief that sinusitis does not exist in infants and young children, particularly those between the ages of three and six years of age, is not substantiated by recent investigations, and may explain the slight attention this condition has received in this country and in England. The standard text-books of Pediatrics scarcely mention the subject.

Dean feels that sinusitis in children over two years of age is common, and that the difficulty of investigating and diagnosing lesions of the sinuses in infants and children is perhaps responsible for the opinion, more or less prevalent, that such conditions do not exist. He has investigated the size of paranasal sinuses in infants and young children, and is impressed with the fact that precocious development

BUREAU OF CHILD WELFARE (Cont.)

may give rise to any or all sinuses significant on an anatomic basis, earlier in life than is expected. Coakley states that sinusitis is as common as in adults, and because of the shallow cavities, it has a greater tendency to spontaneous cure. In 34, or 15 percent of 234 children examined suffering from tonsils and adenoid vegetation, he found a chronic empyema of one or more sinuses. Cleminson studied 85 children between the ages of 3 to 14 years, in the majority of whom the tonsils and adenoid growths had been removed. The maxillary sinus was considered chiefly, although some of the cases showed ethmoiditis, and a few frontal and sphenoidal infections. His conclusion was that the total number of cases of nasal sinusitis in children is very considerable, and that it accounts for a great deal of unexplained ill health among them.

It is the hope of the writer that attention directed to the possibility that the accessory nasal sinuses may be involved, particularly when children fail to improve after tonsil and adenoid vegetation operations, will do much to give relief to these suffering individuals, and will add scientific refutation to the oft-mentioned statement "that children are operated upon needlessly, and without benefit accruing." Lemere reports five cases of nasal sinusitis in children for the purpose of arousing interest and further observation by others, and for closer cooperation between the pediatrician and the rhinologist.

It has been the experience of practically all observers, that frequently children, whose tonsils and adeonoid growths have been removed competently, continue to have recurrent coughs, colds, profuse nasal and post-nasal discharges, recurrent attacks of bronchitis, fail to correct mouth breathing, snore, have coated tongues, anorexia, periodic attacks of vomiting, etc. The failure to relieve a child of these symptoms cannot be ascribed entirely to the fact that the tonsil and adenoid growth were not responsible primarily, but rather, can be explained on the premise that the same pathological condition that existed in the aforementioned tissues, extended to other accessory nasal appendages, and that they too were involved, although permitted inadvertently to go untreated. The failure to treat thoroughly all the possible diseased accessory nasal organs responsible for the catarrhal disturbances may be the explanation for the failure to obtain permanent relief in these cases. Smith says that a great many more children have sinusitis than the ordinary observer would surmise, and that bronchial disturbances in these children do not clear up, in spite of the customary measures, until the sinusitis has been relieved. Mitchell too calls attention to the greater number of sinus affections in children today, the majority of which are subacute, and which are more common than is generally appreciated by both the pediatrician and general practitioner. It is his experience that when a child, previously operated upon completely for the removal of tonsils and adenoid growths, returns for a second operation on these parts, that the return of the symptoms for which the patient underwent operation is usually due to a sinus infection that has been neglected.

*Reprinted from "Archives of Pediatrics" Vol. XL No. 11

To be concluded in the February issue of Florida Health Notes.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying September, 1923, accounts	$22,474.52
October, 1923, Receipts	1,270.08
Total Receipts	23,744.60

DISBURSEMENTS

October, 1923, Disbursements	$11,449.51
Balance	12,295.09

DISBURSEMENTS FOR OCTOBER, 1923, ITEMIZED

Administration	$1,452.16
Engineering	2,122.05
Laboratories	2,495.17
Child Welfare	586.16
Vital Statistics	2,539.93
Multigraph	152.18
Biologics	1,417.11
Communicable Disease	774.75
Total	$11,449.51

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NOTES FROM THE DISTRICTS

EAST COAST

T. A. Blinn, M. D., District Health Officer

The field activities during the past month in the East Coast district consisted of emergency calls to various localities to correct some existing conditions. Addresses were given before Woman's Clubs of Lackawanna and Homestead and visits made to schools at Lackawanna, LaGrange and Titusville. At the latter place a talk was given to about six hundred pupils in the school auditorium.

One school in Miami, also those in Allapattah, Perrine, Florida City, Homestead and Redlands were visited. Over four hundred pupils were examined for communicable disease in the schools of Homestead and Florida City. The Redlands school will be inspected on the sixteenth inst. A number of pupils and the teachers of Perrine school were Schick tested and the entire school examined for communicable disease as was the Allapattah school where about three hundred and seventy pupils were examined. It is hoped that time will be found to spend some weeks in Broward and Brevard counties during January and February to carry out activities.

Positive arrangements have been made for the establishment of an up-to-date Venereal Clinic at Miami. This probably will be operated at the Miami City Hospital, which is a very beautiful and modern institution and will be hold its own with any in the South. It is hoped also to again establish the clinic at West Palm Beach and on a much improved plan.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING NOVEMBER 1923

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	1034	291	17	10	58	1410
Diphtheria	1257	162	123	80	252	1874
Typhoid	125	135	19	20	11	310
Malaria	249	175	23	20	57	524
Rabies	11	2				13
Tuberculosis	168	75	13	27	19	302
Gonorrhoea	188	101	23	29	2	343
Syphilis	1217	470				1687
Water: Bact. Ex.		19		9		28
Milk: Bact. Ex.	3	5	8	146	12	174
Milk: Chem. Ex.	3	5	8	298		314
Miscellaneous	23	7	11	3	1	45
	4278	1447	245	642	412	7024

Specimen Containers Sent Out 6505

BIOLOGICAL PRODUCTS SENT OUT DURING NOVEMBER 1923

Diphtheria Antitoxin	10,000 Units	178
Diphtheria Antitoxin	5,000 Units	85
Schicks	100's	15
Toxin Antitoxin		705 Treatments
Tetanus Antitoxin	20,000 Units	12
	10,000 Units	6
	1,500 Units	155
Antimeningococcus Serum		8 Cylinders
Typho Bacterin		23 Packages
Vaccine Virus		600 Points
Antirabic Virus		29 Treatments

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

SECOND ANNUAL ANTI-MOSQUITO CONFERENCE

Control of Mosquitoes of all kinds and absolute elimination of the anopheles—the malaria carrying kind—and the freedom of Florida from the stigma of being a malaria breeding state, was the keynote of practically every speaker appearing at Annual Anti Mosquito Conference held in Bartow on December 6th and 7th.

The meeting was a success in every way, even better and more spirited than the initial meeting held at Daytona a year ago. Nearly a hundred delegates from twenty-seven communities of the state in which organized warfare is being waged against mosquitoes, were present at all the sessions, in addition to representatives from Chambers of Commerce, Womans Clubs and civic societies and unattached men and women came to learn of what is being done to increase the health and comfort of the people of Florida.

The 27 communities on what might be called the honor roll of the Anti Mosquito Association are: Jacksonville, Fernandina, St. Augustine, Tallahassee, Daytona, Cocoa, Miami, Ft. Pierce, Orlando, Haines City, Lakeland, Bartow, Plant City, Tampa, St. Petersburg, Clearwater, Sarasota, Punta Gorda, West Palm Beach, Ocala, Perry, Brewster, Live Oak, DeLand, Key West, Sebring, Brooksville and Dunedin.

The fact that 27 communities of the state have organized for anti-mosquito work since the initial meeting a year ago and that each of them was represented by active delegates on the floor at the Bartow meeting is particularly worthy of note and indicates that the people of the state are taking interest in the very important question of ridding Florida of insect pests.

The U. S. Public Health Service was represented by Dr. T. H. D. Griffitts, Entomologist, who has been engaged in doing malaria research work in Alabama, and Dr. C. E. Waller who has been doing work along the same line. Both of these gentlemen are experienced mosquito fighters and their discussions were instructive and of value to the Florida workers.

The mosquito fighters of Florida are determined that 1924 shall be a more successful year than 1923, more active work will be undertaken and additional cities and towns will be engaged in the work.

Cocoa has been selected as the meeting place for the next annual conference and the following officers were elected for the ensuing year:

President Emeritus, Dr. Joseph Y. Porter, Key West; President, George H. Clements, of Bartow; Secretary, George W. Simons, Jr., Jacksonville; Directors: Miss Elizabeth Skinner, Dunedin; Dr. d' Alembert, Pensacola; Alfred Tyler, Panama City; J. W. Hodges, Apalachicola; Guyte McCord, Tallahassee; J. H. Scales, Perry; C. F. Jones, Live Oak; A. V. Snell, Jacksonville; A. A. Coult, Jacksonville; Mrs. W. S. Jennings, Jacksonville; Mr. E. M. Stanley, Daytona; Karl Leh-

BUREAU OF SANITARY ENGINEERING (Cont.)

mann, Orlando; H. N. Rodenbaugh, St. Augustine; Dr. J. M. Jackson, Miami; Jules Burguieres, West Palm Beach; Dr. C. F. Farrier, Tampa; R. K. Thompson, Sarasota; Kendrick Guernsey, Orlando; D. P. Sias, Orlando; Dr. W. E. A. Wyman, St. Petersburg; W. F. McKinstry, Gainesville; Dr. Hyram Byrd, Ocala; F. J. Fernside, Palatka; R. A. Field, Cocoa; I. N. Kennedy, Eustis; Mr. Tucker, Punta Gorda; L. M. Brown, DeLand; Fred McMullen, Ft. Pierce.

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ANALYTICAL WATER SURVEY

Since June the mineralogical analytical survey of Florida water supplies has been going on, in cooperation with the U. S. Geological Survey. To date in excess of 225 samples of water have been collected and examined in Washington. This survey bids fair to be concluded during the early months of 1924 and when all the data have been tabulated more authentic, reliable analytical information concerning Florida waters will be available than ever before. The analyses already available disclose many interesting, valuable phases which will be exceedingly useful to communities seeking new or additional water supplies.

* * * * *

AUTO CAMP SANITATION

Tourist camps throughout the State show a decided improvement so far this year over their conditions of previous years. The camps are being better cared for, more order is being evidenced and more complete facilities are being observed. In another year Florida can well boast of her camps for tourists.

HERE AND THERE

Weight is not an infallible evidence of health. Too much emphasis and undue confidence has been placed in the past on so-called standard height and weight tables, especially for children. These are the conclusions made by the Metropolitan Life Insurance Company after a survey of four thousand Italian children in New York City. The survey showed that if reliance had been placed entirely on weight, 77.2 percent of the boys and 67.1 percent of the girls who were undernourished would have been overlooked. This means that less than a third of the girls who were really undernourished weighed less than they should according to the height and weight tables. So another effort to reduce health to a hard and fast tabulation is shown to be without value. There may be some definite relation between height and weight, but, if so, it has not been reduced to tabular form. A greyhound may be very well nourished for a greyhound, but if you try to average his weight and height on a bulldog basis, he wouldn't show up very well.—Health.

* * * * *

The whole bugaboo of sex education lies in the loss by adults of the attitude of the child mind and their total inability to converse in a sane, wholesome and truthful manner about the most wonderful and beautiful thing in life. When it comes to children beyond the age of puberty, the same straightforward truthfulness is necessary, because the truth is bound to be learned,an d the more simple and direct the routh and the wiser the sources the better. There really is no bugaboo about sex education except that which is crated within the ill-taught, near-sighted, tainted, adult mind.—N. Y. M. J.

* * * * *

Don't drink coffee
Don't drink tea,
Or you'll be paying
A doctor fee.

Drink a lot of milk
Drink a lot of water
And you'll be feeling
Just as you oughter.

* * * * *

Open up the windows,
Open them up wide,
What's the use of fresh air,
If it s all outside?

* * * * *

Bucketsful of water
Are what your body needs,
Inside and outside
You'll grow like weeds.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

PREVENTING HEART DISEASE

During the past few years there have been organized throughout the United States several societies for the prevention and relief of heart disease. The records of the Bureau of the Census and of the great insurance companies indicate that the next line of attack in the lowering of mortality rates and increasing the expectancy of life must be on the group of diseases included under the heading of heart and kidney diseases. Unfortunately, the problem is not as simple as that of controlling the infectious diseases. In the case of heart disease the attack must be on a number of factors having to do with the growth and environment of the child, as well as on the infectious diseases. The Department of Health of Newark, New Jersey, has recently formulated these considerations in ten brief statements which should be kept in mind by every parent. They are:

1. Heart disease is nearly always the result of rheumatic attack in childhood, either acute or chronic.

2. Rheumatism is an infectious disease caused by bacteria and is most prevalent in spring and fall months.

3. "Growing pains" and frequent "sore throats" are usually symptoms of a rheumatic attack.

4. Chorea or St. Vitus' dance is rheumatism of the nerve centers and is almost invariably accompanied by heart involvement.

5. Permanently enlarged tonsils and adenoids are gateways through which the rheumatic virus gains entrance.

6. The heart is most frequently damaged during childhood and permanently disables the child in after-life. A child with a damaged heart requires special school work with graded rest periods.

7. A nervous child may readily be the victim of a previous attack of rheumatism or heart disease.

8. If properly cared for in the early stages, the individual with heart disease may look forward to the normal span of life as a useful member of the community.

9. Children with heart disease are not normal individuals and chronic invalidism may wait on ignorant treatment of the disease in its initial stages.

10. Rheumatic or nervous children should be medically examined. Do not neglect their childish complaints of tiredness, aching limbs or disinclination to work or play. It pays to be sure. Call a physician.

The price of prevention of heart disease is thus seen to be eternal vigilance. The time to prevent heart disaase is when the conditions which may cause heart disease first appear. Sore throat, tonsilitis, painful joints, or minor infections are potentially serious conditions. Take care of them in time!—Hygeia.

BUREAU OF VITAL STATISTICS (Continued)

RAILROADS AND PUBLIC HEALTH

Disease travels on legs. It is usually carried by human beings and closely associated animals, so that an outbreak in one section may quickly penetrate the country by means of fast railway trains carrying millions of people. Few realize the responsibilities assumed by the railroads and the active measures they have adopted in co-operation with the United States Public Health Service to meet them. In addition to measures designed to prevent accidents, the railroads also have developed and organized elaborate plans to prevent the spread of disease. To take but a few illustrations from the story told by Archibald Chace in the December issue of Hygeia: "Is it safe to drink from the tank in a railway coach?" The water supply is examined every few months by the U. S. Public Health Service. The tank is sterilized with steam at intervals. The ice is handled with every precaution to prevent contamination and after July, 1924, must not come in contact with the water. In some localities in which the source of water is not above suspicion, the water is sterilized with liquid chlorine—so scientifically that it cannot be detected. Dining car crews are examined physically at stated intervals. The carpets, woodwork, seats and floors are scrubbed and cleaned and fumigated to destroy germs that are carelessly scattered by thoughtless passengers. Not only do the railroads spend much thought and care in keeping their own property free from the risk of spreading disease, but they set examples that might well be followed by the passengers in their homes and offices.

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NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
3301	Mr. L. W. Anderson,	Fernandina, Fla.
4001	Mr. T. J. Appleyard,	Chamber of Commerce, Lakeland,
2005	Mr. H. A. Baker,	Route, 1, Black, Ala.
3304	Mrs. Louise B. Evatt,	Chester, Fla.
22107	Mrs. Jessie V. Hayes,	Waukeenah, Fla.
22037	Mrs. S. S. Reichert,	R. F. D., "A", Monticello, Fla.
3501	Mr. J. A. Stinson,	Box 71, Orlando, Fla.
3606	Mrs. Clara M. Bergeson	Kenansville, Fla.
52147	Mrs. T. M. Brankin	Route 1, Caryville, Fla.
5601	Mr. J. S. Chewning	Cross City, Fla.
110	Mrs. A. L. Cox	Box 66, Bell, Fla.
1306	Dr. L. G. Haskell	Mandarin, Fla.
4603	Mr. L. I. Galbreath	Center Hill, Fla.
2102	Mr. H. K. Herring	Box 155, Malone, Fla.
51167	Mr. Geo. W. Keen, Jr.	Mossyhead, Fla.
58067	Mr. R. W. Roberts	Ona, Fla.

BUREAU OF VITAL STATISTICS (Cont.)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,101 Cases of Sickness has been received during November as compared with 1,346 for the same month last year.

DISEASES	Total Cases	By Weeks November, 1923 1st.	2nd.	3rd.	4th.	Weekly avg. for Nov., 1922	
Cancer	35	34	1	0	0	11	
Chancroid	9	4	3	1	1	2	
Chicken Pox	5	0	0	1	4	0	
Dengue	7	4	1	1	1	45	
Diphtheria	66	18	9	26	13	24	
Dysentery	5	4	1	0	0	1	B
Epi. Meningitis	2	1	0	0	1	0	
Gonococcus	138	36	37	31	34	35	
Hookworm	70	23	14	20	13	11	
Influenza	17	5	4	6	2	20	
Malaria	125	77	21	13	14	24	
Measles	291	46	59	77	109	0	A
Mumps	6	5	0	0	1	0	A
Pellagra	13	12	1	0	0	2	
Pneumonia	47	28	7	2	10	11	
Poliomyelitis A.	2	0	0	0	2	0	A
Scarlet Fever	9	1	1	2	5	1	B
Small Pox	8	0	0	6	2	0	A
Syphilis	118	34	44	16	24	33	
Tetanus	4	3	0	0	1	1	B
Trachoma	11	3	0	0	8	0	A
Tuberculosis	68	56	4	5	3	26	
Typhoid Fever	30	22	4	2	2	8	
Whooping Cough	15	10	2	0	3	0	A

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for November, 1923.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Influenza	Hookworm	Syphilis	Gonorrhoea
STATE	30	125	8	66	68	70	118	138
Alachua	2	4	.....	2	4	.....	.....	.....
Baker	.....	2	.....	1	.....	.....	.....	.....
Bay	1	.....	.....	7	1	.....	1	2
Bradford	.....	.....	.....	1	.....	.....	.....	.....
Brevard	.....	.....	.....	.....	1	1	.....	.....
Broward	.....	.....	.....	.....	1	.....	.....	1
Calhoun	.....	1	.....	.....	.....	.....	.....	.....
Charlotte	.....	.....	.....	.....	.....	.....	.....	.....
Citrus	.....	.....	.....	.....	.....	.....	.....	.....
Clay	.....	.....	.....	.....	.....	.....	.....	.....
Columbia	.....	2	.....	4	1	.....	.....	.....
Dade	2	.....	.....	3	3	.....	4	3
DeSoto	.....	.....	.....	.....	1	.....	.....	.....
Dixie	.....	.....	.....	.....	.....	.....	.....	.....
Duval	4	4	.....	16	8	.....	87	117
Escambia	1	.....	.....	9	.....	.....	1	4
Flagler	.....	1	.....	.....	.....	.....	.....	.....
Franklin	.....	1	.....	.....	.....	.....	.....	.....
Gadsden	1	17	.....	2	4	2	5	2
Glades	1	.....	.....	.....	.....	.....	.....	.....
Hamilton	1	1	.....	.....	.....	.....	1	.....
Hardee	.....	1	.....	.....	.....	1	.....	.....
Hernando	.....	4	.....	.....	.....	.....	.....	.....
Highlands	.....	5	.....	.....	.....	6	3	1
Hillsboro	1	11	.....	6	5	8	9	1
Holmes	.....	1	.....	.....	.....	.....	.....	.....
Jackson	1	9	.....	.....	1	.....	.....	.....
Jefferson	.....	2	.....	.....	1	4	1	.....
Lafayette	.....	1	.....	.....	.....	.....	.....	.....
Lake	2	.....	.....	.....	.....	.....	.....	.....
Lee	1	.....	.....	.....	.....	1	.....	.....
Leon	2	6	6	1	3	14	.....	.....
Levy	.....	.....	.....	.....	.....	2	.....	1
Liberty	.....	.....	.....	.....	.....	.....	.....	.....
Madison	.....	5	.....	.....	2	.....	.....	.....

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for November, 1923.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Influenza	Hookworm	Syphilis	Gonorrhoea
Manatee	1	.....	.....	.....	2	.....	.....	.....
Marion	.....	3	.....	.....	3	7	.....	.....
Monroe	1	1	.....	.....	1	.....	2	.....
Nassau	.....	.....	.....	.....	1	.....	.....	.....
Oklaloosa	.....	.....	.....	.....	1	.....	.....	.....
Okeechobee	.....	.....	.....	.....	.....	.....	.....	.....
Orange	.....	2	.....	.....	1	.....	.....	.....
Osceola	.....	.....	.....	.....	2	.....	.....	.....
Palm Beach	.....	.....	.....	.....	1	.....	1	.....
Pasco	.....	9	.....	.....	.....	3	.....	.....
Pinellas	2	7	1	6	3	1	.....	2
Polk	.....	13	.....	3	3	8	3	.....
Putnam	1	4	.....	.....	3	.....	.....	1
St. Johns	.....	.....	1	1	1	.....	.....	.....
St. Lucie	.....	1	.....	.....	.....	1	.....	.....
Santa Rosa	2	.....	.....	.....	.....	.....	.....	.....
Sarasota	.....	.....	.....	.....	1	3	.....	.....
Seminole	1	1	.....	.....	1	1	.....	.....
Sumter	.....	2	.....	.....	.....	.....	.....	.....
Suwannee	.....	3	.....	1	.....	1	.....	.....
Taylor	.....	1	.....	.....	.....	.....	.....	.....
Union	.....	.....	.....	.....	1	3	.....	.....
Volusia	.....	.....	.....	3	5	1	.....	3
Wakulla	.....	.....	.....	.....	.....	.....	.....	.....
Walton	1	.....	.....	.....	2	.....	.....	.....
Washington	1	.....	.....	.....	.....	.....	.....	.....
Cities (following figures are included with County Totals)								
Jacksonville	3	1	.....	12	6	.....	87	117
Tampa	.....	3	.....	3	3	1	8	1
Miami	1	.....	.....	3	2	.....	4	2
Key West	1	1	.....	.....	1	.....	2	.....

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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ADMINISTRATION

Raymond C. Turck, State Health Officer

CANCER

During the period of January 15th to February 14th, inclusive, the Florida State Board of Health in cooperation with other agencies is making a special effort to enlighten the people of the State as to the dangers of cancer and to point out the need for immediate medical advice when suspicious conditions arise.

This dread disease has come down through the ages; hundreds of years before the birth of Christ, the great Greek physician, Democedes, treated Atossa, daughter of Darius, King of Persia, for cancer. In 1500, B.C., cancer was mentioned in the writings of that time. It seems strange that with the progress made by civilization, the wonders performed and the marvelous discoveris made, no great victory has yet been declared over cancer.

During 1922, about 95,000 persons in the United States died from cancer, the death rate per 100,000 of population being 86.8, a slight increase over 1921 rate which was 86.0, the 1920 rate which was 83.4, the 1919 rate which was 80.5 and the 1918 rate of 80.3; a continued increase.

As is well known, cancer is no respector of class and since there is no real protection to be had against it by any particular or specified mode of living, the rich and poor suffer alike.

The main forms of cancer in the order of their frequency are: stomach, uterus, breast, mouth, rectum and skin. Of these only those of the skin and mouth occur from conditions that are directly under the eye of the physician or patient. The other kinds, however, do not come unheralded, usually symptoms are felt or are in evidence in the early stages.

Cancer of the tongue and mouth are most often due to irritation from ragged or crooked teeth. Tobacco smoke and tobacco juice are also irritating to the tonsils, mouth, tongue and larnyx and when combined with bad teeth this irritation sometimes induces cancer. Persistent thickening in a smoker's throat of tissue, abrasions, ulcers or sores, all are danger signals and should serve as a warning that medical advice is needed and should be sought immediately.

Cancer of the lip is frequent in occurrence but is preventable since there is always a preliminary persistent sore or nodule.

The incidence of cancer of the skin should be very small since ample warning easily recognizable by a physician is usually given of the approach of this type, however cancer of the skin is still a common cause of death or hideous deformity. The practice of "picking at" moles, birth marks, etc., should be discouraged since in many instances cancer of the skin has originated from this cause.

Quoting from the American Society for the Control of Cancer: "Did you ever know a successful farmer who hesitated to get rid of the vicious, spreading weeds that take root in his fields? Certainly not. And why not? Because the farmer well knows that the weeds are hardier and of more rapid growth than his cultivated plants; that

ADMINISTRATION (Cont.)

if not removed before they have had time to extend their roots, his crops, robbed of their nourishment, will wither and die, victims of the invaders. The weed of the tilled field has a counterpart in the human body. Its name is cancer. As does the weed of the field, this outlaw growth starts in a small and inconspicious way and in the beginning gives slight warning of its presence. Left to itself, cancer eventually becomes distributed throughout the body and lives at the body's expense. If not removed in time, it overgrows the normal healthy life in its vicinity and causes the death of its victim—as the weed destroys the farmer's valuable crops. What is to be done about it? Treat the cancer as the farmer treats the weeds. He deals with them promptly. To deal with them successfully, he must recognize the weeds in their earliest state. To certainly eliminate cancer it is necessary to recognize it on its first appearance."

As has been stated before, if the average individual would give one half as much consideration to his body and to his health as he gives to his automobile, his farm, and even his pleasures, the average span of life would be lengthened considerably.

It seems, therefore, necessary that four essentials be given careful consideration.

(1) Cancer itself is not inherited.
(2) Cancer is not communicable or in any way contagious.
(3) Cancer in the beginning is not a general disease.
(4) Early cancer is local and can often be removed successfully or treated by radiation.

DISTRICT HEALTH OFFICER APPOINTED

Dr. H. E. Hitchcock has been appointed as district health officer, and will take up his duties immediately. Dr. Hitchcock will be in charge of what is known as the West Coast District, succeeding Dr. A. C. Hamblin.

Dr. Hitchcock comes to us well recommended, is a graduate of Bowdoin Medical School 1898; Maine General Hospital, one year; Harvard post-graduate, neurology, 1906, and is a graduate of the Harvard-Technology School of Public Health, C. P. H., 1921. His professional experience includes general medical practice, medical inspector of schools, neurologist, general hospital, State District Health Officer, Maine 1917-18; division director 1918-21; one and one-half years, medical director and associate city epidemiologist, New Haven health center.

BUREAU OF CHILD WELFARE

Laura Jean Reid, R. N., Director.

REASONS FOR THE FAILURE TO OBTAIN RELIEF AFTER TONSIL AND ADENOID OPERATIONS*

By I. H. Goldberger, M. D., New York

(Continued from January issue)

Blackader states, after reexamination of 5,000 children of the City of Rochester, N. Y., one year after the operation for the removal of tonsils and adenoid vegetations performed in five hospitals of that city, that "the removal of diseased tonsils does not remove the possibility of other important sources of infection frequently met with," and mentions sinusitis as one of the foci. "While the operation," he continues, "removes obstructive symptoms, it may fail to uncover the real source of infection."

After two year's study of nose and throat conditions among 6,000 school children of Roanoke, Va., Littleton Davis was impressed by the large number of children showing poor nasal breathing, although their adenoids and tonsils were skillfully and completely removed." He explains the failure to obtain relief on the ground that "the original cause of the trouble, whatever it may be, is still present and active." Coincidental with these observations, Millison and Kendall examined a series of 102 children, 2 to 16 years of age, in order to determine the frequency of suppuration in the maxillary antrums in children. These patients represented cases destined for removal of adenoids or tonsils and adenoid growths. All showed symptoms of nasal or pharyngeal catarrh, frequent colds, snoring, indistinct speech, mouth breathing, sore throats, earaches, and occasional deaf ness or otorrhea. After antrum punctures the tonsils and adenoid growths were removed. The results of the punctures showed great frequency of antral infection.

Muco-pus or pus in one or both antrums	22%
Muco-pus in one or both antrums	16%
Pus in one antrum	4%
Pus in one antrum and mucco-pus in the other	2%
Pus in both antrums	2%

The authors consider it very probable that antral infection is an important factor in producing nasal obstruction in children, the latter being due to the resulting nasal catarrh. They conclude that antral infection occurs in over 20 per cent of children with nasopharyngeal catarrh, and that antral suppuration is to be excluded as a possible cause of nasal catarrh in children, especially when tonsils and adenoid vegetations have been removed.

The same predisposing factors that cause tonsils to become diseased, and adenoid vegetation to become hypertrophied and diseased, are responsible, also, for the involvement of the accessory nasal sinuses. It has been held that when an ear, acutely involved, dis-

BUREAU OF CHILD WELFARE (Cont.)

charges for a period longer than one week to ten days, that the purulent discharge comes from the mastoid cells. The same condition prevails also, probably in prolonged and recurrent attacks of acute rhinitis, following measles, nasal diphtheria, scarlet fever, and grippe. Should the nasal discharge continue longer than a period when relief is expected, it may be assumed that the discharge comes from the accessory nasal sinuses. Lemere feels that "the general relief, following the recovery from measles, scarlet fever, etc., is so great, that little attention is paid to a remaining purulent condition of the nose, and the acute condition is allowed to become subacute or chronic." Chronic involvements and these are in the majority, practically always originate from the lack of proper resolution of an acute infectious disease, involving the upper respiratory tract. The same author has observed that, under the stimulation of the mucus membrane produced by ether, the sinus discharges profusely, and when this occurs during tonsil and adenoid operations, he has the children return several months later, when he generally finds that the immediate good results of the operation are not maintained owing to coexisting sinus infections.

The citation of a few cases of children who were not relieved of symptoms for which tonsils and adenoid vegetations were removed, will emphasize and reiterate what has been said by others. namely, that these children suffer additionally and concurrently from accessory nasal sinus infections, which disorders and their accompanying symptoms, (often laid at the door of diseased tonsils and adenoid growths), clear up only when the proper treatment is instituted.

REPORT OF CASES.

Case No. 1. J. G., age 3½ years. Tonsils and adenoid vegetation were removed because of frequent colds, repeated attacks of tonsilitis, nasopharygitis, anterior and posterior nasal discharge, otitis media, etc. No relief for one year after operation, in spite of tonic treatment and other remedial measures. Diagnosis of double antrum disease was made and confirmed by radiograph examination.

Case 2. J. B., Age 6 years, 6 months. Referred by Dr. S. Has frequent colds with cough, nasal discharge and earaches. These attacks come and go throughout the winter months. Child is a mouth breather. Had scarlet fever, complicated by an acute endocarditis at three years of age. At three and a half years, had tonsils and adenoid vegetation removed. For three years following her operation, the upper respiratory symptoms have continued through the winter months. Mother claims that the child has not been benefitted by the operation. A catharrhal involvement of both antrums was suspected and confirmed by a radiograph examination.

Case 3. R. R., Age 12. For years has been suceptible to colds and their complications. Tonsils and adenoid vegetation removed at age of 11½ years. Thick, purulent anterior and posterior nasal discharges continued undiminished. Uses at least six handkerchiefs

BUREAU OF CHILD WELFARE (Cont.)

daily. Radiograph showed involvement of both frontal and ethmoid sinuses.

Case 4. D. M., Age 8 years. Tonsils and adenoid growth removed at age of three. Has had recurrent colds, complicated with a unilateral adenitis. A thick green purulent posterior nasal discharge has continued even during his well periods in spite of the operation. Radiograph showed involvement of both antrums.

Symptoms. The symptoms are usually constant in the typical case. These patients are peculiarly susceptible to colds, which are refractive to treatment. There is anterior and posterior nasal discharge, usually thick, creamy, or green colored, and which seems to continue indefinitely; a one-sided intermittent though persistent nasal obstruction unless both antrums are involved, when the obstruction is bilateral; chronic coughs and recurrent attacks of acute catarrhal otitis media. These children are usually under weight, pale, lack tone and vigor and frequently complain of vague frontal headaches. Before they have recovered from one cold they are down with another. After many months of these repetitions, the physician is finally confronted with the question usually put to him by parents whose patience have been exhausted: "Why does my child have so many colds, coughs, earaches?" "Why isn't she well?" "Why doesn't she gain in health?" "Why, why, why?" He who, like the modern physician who knows that an infant has ears and a pair of kidneys, recalls that there are sinuses too, heir to infection, will be in a position to answer the questions and probably to solve the problem. Sinusitis should be suspected particularly if the symptoms enumerated continue after the tonsils and adenoid vegetation have been removed. Coakley concludes that a child without an adenoid growth and with a profuse nasal discharge, has sinusitis.

Diagnosis: The outstanding features in the diagnosis are: First, clinical symptoms and findings plus the history of previous events. Lemere lays stress on the anterior and posterior nasal discharge, and says that "a persistently red and swollen posterior pharyngeal wall, particularly if the tonsils and adenoid vegetation have already been removed, is pathognomonic of sinus infections. Dean, too, emphasizes an inflamed pharyngeal wall in the absence of diseased tonsils and adenoid growth. Second, roentgenograms. Here one must differentiate between catarrhal and purulent sinusitis (empyema). In the former (and these cases in children are in the majority), "a dense shadow (as in the empyema cases) rarely shows, but is a density greater than normal, has diagnostic value" of much importance. Lilie claims that a diagnosis is incomplete unless clinical findings and information to be derived from the roentgen-rays examination have been taken into consideration. Third, transillumination according to most authorities is notoriously untrustworthy and misleading. Fourth, exploratory puncture.

Complications in children are numerous and important, particularly in cases of empyema of the sinus. Acute osteomyelitis of bone

BUREAU OF CHILD WELFARE (Cont.)

surrounding the diseased sinus is not uncommon. Abscess may form in the orbit as an incident to involvement of the sinuses. The writer has observed these complications during his scarlet fever service in the Willard Parker Hospital.

Treatment. Several procedures have been suggested, depending upon the degree and duration of the inflammation. They are: local irrigations, local instillations, anterior and posterior nasal sprays, suction, puncture, curetage and drainage of the affected sinus and vaccines. If the tonsils and adenoid vegetation are present, they should be removed. Eighty per cent. of Dean's chronic cases were cured in this manner. Sullivan states that an examination of over 1000 children showed that very few of these cases drift on to sinus operations if adenoid growths and tonsils are removed and conservative treatment is continued. The consensus of opinion is that operations on the sinuses should be resorted to only after all other procedures have failed.

SUMMARY AND CONCLUSIONS.

1. Sinusitis is a disease common in children and may occur at any age.
2. Children, whose catarrhal conditions of the upper respiratory tract do not subside after tonsillectomy and adenoidectomy, suffer in all probability from accessory nasal sinus disease.
3. Children who are operated upon for the return of adenoid growth are probably victims of sinusitis.
4. The antrum is the most frequently involved sinus.
5. Two forms of sinusitis are met with: the catarrhal (the more common), and the purulent.
6. Children should not be discharged as cured after upper respiratory infections (colds, grippe, etc.) and after the acute eruptive fevers, measles and scarlet fever, particularly, until all signs pointing toward sinus involvement have subsided.
7. Children should return at periodic intervals after tonsillectomy and adenoidectomy to ascertain the conditions of the sinuses. A hint as to the presence or absence of sinus involvement is often obtained while the patient is under ether.
8. Symptoms are usually constant in typical cases.
9. Complications, such as osteomyelitis, abscess of the orbit and brain, and meningitis, are not uncommon.
10. Diagnosis rests upon the history of previous events, roentgenograms, transillumination, and exploratory puncture.
11. Treatment is usually conservative. Suction is favored by most men. The consensus of opinion is that operations should be resorted to only after all other procedures have failed.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

WE APOLOGIZE TO BRADENTOWN

In the January issue of HEALTH NOTES there appeared an honor roll of cities that did excellent local mosquito control work during 1923. Through an error, BRADENTOWN was omitted from the list. This is regretted because BRADENTOWN did a very effective piece of control work and at every moment cooperated with the State Board of Health in the campaign. BRADENTOWN, we beg your pardon; we are glad to take this means of giving you the recognition you deserve.

In an earlier issue of HEALTH NOTES it was announced that a series of articles on WATER would appear; these articles will appear for the next several months and will treat of the subject of water, its qualities, treatments, etc. This is a very timely set of articles for HEALTH NOTES.

WATER

Next to air, water is most necessary for the maintenance of life and health. As Aristotle has stated, "The greatest influence in health is exerted by those things which we most freely and frequently require for our existence and this is especially true of water and air". Water is an essential part of the cell structure of the animal body, also an essential to diet. The human body cannot function without water. As Wells states in his "Outlines of History," no creature can breathe, no creature can digest its food without water. It has been said that water covers three quarters of the earth surface.

It is not enough to say that water is necessary for the survival of the living organism, but this should be qualified further by saying, water free from contamination or infection. Water of good hygienic quality, one safe and wholesome from a public health standpoint should be a community's greatest asset. Every community should strive to maintain the quality of its water above reproach or criticism.

Moisture precipitated from the atmosphere, rain in the case of Florida, is the immediate source of our potable water supplies. As water falls to the earth it is comparatively free of impurities, except those absorbed from the air or washed from obstructions in its passage to the earth. Rain water has no mineralogical impurities; these are absorbed later after the water enters the ground and starts on its downward journey to the rock strata. The practical absence of mineral impurities in rain water gives rise to the popular term "soft water". "Hard Water", it will be shown later derives its unfavorable quality from the underlying rocks.

Water is an active solvent, that is, water will dissolve substances. To this property we can ascribe the so-called "hardness" of water. In its passage through the air, over the ground surface and into the soil, water absorbs carbonic acid from the air and decaying organic

BUREAU OF ENGINEERING (Cont.)

matter, and, as the depth of travel increases the solvent action becomes more intense until it reacts readily on the underlying soluble rocks.

Underlying Florida is an extensive arch of limestone known geologically as the Vicksburg group; this is the principal significant water bearing stratum in Florida. T. Wayland Vaughn of the U. S. Geological Survey has stated: "The axis of the peninsula of Florida consists largely of rotten, cavernous limestone, white, gray or yellow in color and of the Tertiary age. The main belt of these beds extends from the vicinity of Taylor, Madison and Suwannee counties southeastward to Pasco county and vicinity.

The Vicksburg group is easily attacked by the strongly active, solvent ground waters and as a result the underlying limestone formation has become, as Vaughn says, rotten, and cavernous. A honeycombed, porous condition has been created by the continuous solvent action by the formerly soft rain waters.

The Vicksburg group of limestones is the State's main aquifer. It has outcroppings at different points, but especially throughout the north central portion near Gainesville and Ocala. From Marianna westward the Vicksburg strata dip to the west and southwest and at Pensacola drillings penetrate it at 1000 feet. There are local variations in the altitude of the surface of the limestones but as a general rule the dip of the arch is toward the ocean on the east and gulf on the west. Along the east coast one encounters marked variations in depth, but no where does it rise less than 175 feet from the ground surface. At Jacksonville the Vicksburg is penetrated at about 525 feet, while around Tampa it is probably somewhat more than 100 feet below the surface and north of Hillsborough county along the coast it may be exposed. Following are listed a few places, giving also the depths of the Vicksburg aquifer:

Tarpon Springs	65 to 105 feet
Brooksville	75 to 100 feet
Eustis	130 feet
Manatee County	300 feet
North side Lee County	300 feet
Southeast Lee County	1000 feet
Orlando	150-300 feet
Palm Beach	950 feet
Titusville	200 feet
Ft. Pierce	650 feet
Tallahassee	700 feet

(In the next article of this series the relation between the underground geologic formations and water supply qualities will be discussed.)

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING DECEMBER, 1923

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	1018	408	19	18	55	1518
Diphtheria	467	218	241	35	123	1084
Typhoid	164	127	11	22	23	347
Malaria	279	165	15	22	53	534
Rabies	11	6		1	1	19
Tuberculosis	156	103	14	27	8	308
Gonorrhoea	217	99	32	31	8	387
Syphilis	1126	332				1458
Water Bact. Ex.		23		36		59
Water NaCl Cont.				23		23
Milk Bact. Ex.	37	3	2	122	7	171
Milk Chem. Ex.	38	3	2	410	6	459
Miscellaneous	37	14	38	1		90
	3559	1501	374	748	284	6457

Specimen Containers distributed 3435

BIOLOGICAL PRODUCTS SENT OUT DURING DECEMBER, 1923

Diphtheria Antitoxin	10,000 Units	140
Diphtheria Antitoxin	5,000 Units	63
Toxin Antitoxin		180 Treatments
Schicks	100's	5 & Control
	50's	2 & Control
Tetanus Antitoxin	20,000 Units	9
	10,000 Units	16
	1,500 Units	233
Antimeningococcus Serum		8 Cylinders
Typho Bacterin		443 Packages
Vaccine Virus		850 Points
Antirabic Virus		34 Treatments

BUREAU OF COMMUNICABLE DISEASE

Theo. A. Blinn, M. D., Acting Director

It is an extremely common fallacy in the lay mind that the medical graduate is fitted to be a competent health officer. No practicing physician who has had this doubtful honor bestowed upon him will be inclined to hold with this opinion after he has struggled with the complexities of quarantine, or has had to pass judgment on the potatbility of water from a neighboring well, or has been called upon to advise a town council upon the proper installation of sewage disposal works. He begins to realize quite keenly that he has been trained to attack the problem of public health from an entirely different angle; he, like the fireman, has been called upon to put out the fire, and, not the health officer who sees that the fire is prevented; he has schooled himself and learned to cure, and not to prevent the disease.

Because of its importance to the public and to the health officer, the subject of communicable disease control is second to none, it has a direct bearing upon the welfare of the human race.

After the health officer has determined the nature of the disease, his first query would be how did it originate? To the uninformed it often appears that the case of infection disease has arisen spontaneously, this we know cannot be true, for a fundamental law of bacteriology is that most of the commoner organisms must have a suitable host, furthermore, when the source of infection and mode of transmission of the diseases have been carefully and accurately worked out, some other human being, or animal has always been found at the bottom of the trouble.

Repeating the axiom that it is persons, not things, that interest us in attempting to control disease, modern public health practice throws a number of barriers about the person who is carrying pathogenic organisms in his body in order to close the avenues of disease transmission.

If preventive machinery is to be set in motion, the health officer must know of the existence of a case or corrier. Notification is the first step in control, and the health officer, and the physician will exert every means of education, persuasion, and law enforcement to secure immediate and complete reports of notifiable diseases.

He is also interested in the question of adequate medical care for the sick in order that they may be better controlled and rendered non-infectious as rapidly as possible. There must be a careful and accurate diagnosis of the communicable disease and if a diagnosis remains in doubt after careful consideration "it is better to be safe than sorry" and a provisional isolation as "suspected smallpox" or "suspected diphtheria" is better than calling it "influenza, followed by smallpox" or "tonsillitis, and followed by diphtheria."

Isolation of the patient, as thorough as the nature of the case demands, together with disinfection of discharges, secretions and soiled articles, whenever demanded, constitute the remaining measures of control. Especially too is the instruction of the person in charge

BUREAU OF COMMUNICABLE DISEASE (Cont.)

of the patient, as to scrupulous cleanliness of the hands and clothing necessary to prevent carrying infection to the household.

Outside of the sickroom, but within the house, certain precautions must be taken. If the disease is one that is transmitted by insects, these must be thoroughly exterminated. In the presence of plague this would apply to rats as well. If the discharges from, and the utensils used by the patient are not thoroughly sterized at the bedside, this task becomes one for the household and must be carefully performed.

For the sake of self-preservation, without other consideration, the community is vitally interested in thoro-going control of the infected individual. To this end, health departments are established and greater or less sums of money are spent for the sole purpose of throwing barriers around the case of communicable disease. First in mind among these functions are isolation, and quarantine, but more important is the investigation and diagnosis by the physician and the health official. Laboratory tests are frequently necessary for this purpose, to discover carriers or contacts, so that maintenance of such facilities is a duty of the health department that should receive proper support.

Since schools are often the breeding grounds of epidemics, medical inspection of schools and school children, upon the first appearance of an infectious disease, or, better still, as a routine measure, should be demanded by every community.

In certain disease one of the effective measures is the treatment of the patient in order to render him non-infectious as rapidly as possible; this is illustrated by the present method of handling venereal diseases. Free clinics of this type, and for the treatment of tuberculosis, have become a part of modern health machinery.

Not satisfied with watchful waiting for the disease to appear, the community goes farther by attempting to block those channels thru which infection may gain entry, by calling upon the services of the sanitary engineer, who finds a fertile field providing safe water supplies, protected from possible pollution, or freed from such contamination by chemical or physical means. He also devises means for the disposal of human wastes in such manner that their menace to the community is eliminated, his place is one of fundamental importance to the health department of every state, and of every large municipality.

Hand in hand with home and community sanitation, personal hygiene has become a powerful factor in reducing the incidence of communicable disease. Thru vaccination smallpox has been completely eradicated in many communities, while the typhoid fever rate in the armies of the United States and other countries speaks for the efficacy of prophylactic vaccination against this disease.

We are also learning to avoid personal contact with the sick, altho many rural communities still leave much to be desired in this respect.

BUREAU OF COMMUNICABLE DISEASES (Cont.)

While contact spreads more kinds of disease, it has been shown that insects are the agents in producing a far greater number of cases the world over. Merely the mention of malaria, dengue, yellow fever, plague and typhus fever will make this fact obvious.

Eradication of the breeding places of insects and other vermin is the ideal method of combating such diseases, but is not always feasible. However, we can prevent the insect from reaching the infected individual by means of proper screening, by killing flies and mosquitoes that have entered the house, and by delousing measures. Furthermore, we can prevent the infected insect from gaining access to a healthy person by these same means.

The State Board of Health furnishes to physicians for his use among the patients, free of charge, diphtheria antitoxin, smallpox vaccine, anti-typhoid serum, carbon tetrachloride, "the most modern treatment for hook worm," (see article by Dr. J. D. Love in Health Notes, July, 1923), Schick testing and immunization to diphtheria by toxin-antitoxin (to be done by representative of the State Board of Health if necessary).

Write the State Board of Health, asking for any information, for literature or advice on health and sanitation, you shall have a prompt reply.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying October, 1923, account	$12,295.09
November, 1923, Receipts	7,473.16
Total	$19,768.25

DISBURSEMENTS

November, 1923, Disbursements	$9,691.73
Balance	$10,076.52

DISBURSEMENTS FOR NOVEMBER, 1923, ITEMIZED

Administration	$1,173.29
Engineering	1,348.80
Laboratories	2,052.91
Child Welfare	228.72
Sheppard-Towner	1,500.00
Vital Statistics	1,319.78
Multigraph	171.44
Biologics	1,004.80
Communicable Disease	891.99
	$9,691.73

NOTES FROM WEST FLORIDA DISTRICT

F. A. Brink, M. D., District Health Officer

SMALLPOX

During the latter part of November there came to the attention of the District Health Officer news that indicated the presence of an eruptive fever at Woodville, only 10 miles from the State Capitol. Upon making an investigation six persons were seen in the pustular stage of smallpox. All gave the characteristic history of primary and secondary fever and the eruption was fairly typical. In two families there were vaccinated individuals who had remained free of illness. This community, both adults and school children had been fairly well vaccinated on account of previous smallpox outbreaks, nevertheless there were vaccinated 183 persons at this time and the further spread of the disease was prevented.

This is but one of many similar experiences that come to a health officer in a year's work.

Quarantining does not control smallpox because of mild, unrecognized cases in persons who may go about exposing large numbers of people. Known cases of smallpox may be isolated so that they will not spread infection, but no person can know when he may come into contact with a smallpox patient who has never seen a doctor or the nature of whose illness has not been recognized.

Vaccination is the only preventive measure to be depended upon, and since the death rate from smallpox has increased materially in the last three years, it is believed that the wisdom of being immunized will become more and more apparent to thinking people.

Vaccination, if it is properly done and the resulting pustule is properly cared for, gives very little trouble and the resulting scar, rather than being considered a disfigurement, should be looked upon as a mark of intelligence and of interest in community welfare.

Every child should be vaccinated by the time it is a year old. Certainly no child should attend public school without having been vaccinated.

HERE AND THERE

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
602	Mr. H. C. Bloom	Dania, Fla.
6002	Mr. S. A. Bryan	Raiford, Fla.
3701	Dr. E. D. Clawson	West Palm Beach, Fla.
1031	Miss Ursula D'Ferro	408 E. Duval St., Lake City, Fla.
3704	Mr. Stanley Kitching	Stuart, Fla.
109	Mr. M. C. Morper	Archer, Fla.
18077	Mr. A. F. Osteen	Richloam, Fla.
4902	Miss Ethel R. Sproul	DeLand, Fla.
4801	Mr. T. J. Swanson	Perry, Fla.
2106	Mrs. L. C. Woodhan	Campbellton, Fla.
2901	Miss Maye Vann	Madison, Fla.
20067	Mr. T. E. Richardson	R. F. D. No. 1, Graceville, Fla.
19017	Miss Minnie Bush	Westville, Fla.

BUREAU OF VITAL STATISTICS (Continued)

REPORTED CASES OF CERTAIN DISEASES BY MONTHS, 1923

DISEASES	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
STATE	15,224	1,522	1,100	1,210	1,175	1,600	1,285	758	831	1,040	1,215	1,737	1,751
Anthrax	4	1	.....	.....	.....	.....	.....	.....	2	1	.....	.....	.....
Cancer	447	39	45	41	44	38	34	28	43	33	57	42	3
Chancroid	168	11	18	15	16	16	16	4	7	22	16	9	18
Chicken Pox	337	43	47	80	79	39	15	.....	4	.....	1	3	26
Dengue	48	18	2	3	1	3	2	2	5	1	3	7	1
Diphtheria	611	60	44	34	23	26	19	26	50	54	83	111	81
Dysentery	81	8	3	8	18	11	3	3	2	7	7	7	4
Epidemic Meningitis	23	1	.....	2	3	2	4	.....	3	4	1	1	2
German Measles	13	.....	.....	4	2	.....	6	.....	.....	1	.....	.....	.....
Gonococcus	1,411	108	99	81	88	100	101	55	55	131	171	213	209
Hookworm	1,445	124	57	89	61	67	403	111	47	88	165	320	622
Influenza	1,011	513	242	116	37	18	5	11	6	6	20	28	9
Leprosy	6	1	.....	.....	1	1	2	1	.....	.....	.....	.....	.....
Lethargic Encephalitis	3	.....	1	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Malaria	1,043	39	33	31	38	62	89	93	150	179	187	98	44
Measles	2,904	15	30	183	295	625	403	111	47	86	165	320	622
Mumps	40	3	3	4	.....	4	4	3	1	1	.....	5	12
Opthalmia Neonatorum	7	.....	2	1	.....	.....	2	1	.....	1	.....	.....	.....
Paratyphoid	4	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	1
Pellagra	96	9	9	11	10	9	6	6	6	15	5	9	1
Pneumonia	810	157	118	94	67	51	36	27	26	35	61	111	27
Poliomyelitis (A)	14	.....	2	1	.....	1	2	.....	3	2	1	.....	2
Rabies	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scarlet Fever	91	12	11	7	10	5	4	4	4	5	6	12	11
Smallpox	227	52	38	52	12	20	19	5	1	.....	.....	8	20
Syphilis	2,073	149	135	144	135	197	193	100	200	188	204	249	179
Tetanus	56	4	3	3	2	8	7	3	2	6	7	10	1
Trachoma	36	.....	2	.....	1	1	.....	.....	.....	.....	13	18	1
Trichonisis	2	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Tuberculosis	1,198	90	114	108	100	118	98	88	85	81	124	117	75
Typhoid Fever	599	47	37	68	82	70	56	60	40	39	32	28	40
Whooping Cough	411	17	3	30	49	106	80	28	22	26	11	24	15

IT IS WISE TO PREVENT

DO YOUR PART NOW !

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 16 MARCH, 1924 NO. 3

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

ADMINISTRATION

Raymond C. Turck, State Health Officer

THE VALUE OF "PLAY"

The present generation is gradually educating itself to a keener recognition of the value of "play." Years ago, it was believed that play was something proper and permissable but within limits. Play was something that only the very rich indulged in; the middle class was skeptical of and the poor, although looking on with more or less favor, had neither time, money nor place to indulge in its luxury.

Now, with a keener perception of the value of play, the present generation is bringing about a great change. Indeed to Roosevelt when he said, "This country will not be a good place for any of us to live in unless we make it a good place for all of us to live in" should be given credit for the first enlightenment.

Gone is the old work day of two parts; twelve hours, six P.M. to six A.M. of night and from six A.M. to six P.M., twelve hours of labor. The eight hour day, brought about by governmental legislation, labor saving devices and union agitation is here to stay. With the coming of the eight hour day and the electric lights turning night into day, the nights are now used for recreation and amusement. Before the days of the electric light and commercialized amusement, the greater part of leisure time was spent in recovering from the fatigue of a long hard day's work. Today, with all kinds of labor saving devices and the shorter working day, working people are less fatigued and have more inclination as well as more time in which to seek recreation and amusement.

Proper kinds of amusement or "play" are essential. What a man does during his off duty hours, determines, more or less, what he does during his duty hours. A riotous Saturday night in the coal field district means that no one will show up for work until the following Wednesday morning. Careful study in many department stores shows that Monday is the day when the most mistakes are made by the clerks and when they are most impolite and cross. The leisure time of Saturday afternoon and Sunday spent in a smoky poolroom or a poorly lighted and ventilated dance hall, can not help but react on the worker. Bad nights mean sickness, layoffs, disease and labor turnover. Nights spent in good clean wholesome recreation will mean workers reporting on time with clear brains and more contented dispositions. The proper kind and amount of recreation makes life more vital, more bearable and more wholesome. It quickens the individuals thoughts in such a way as to make him economically more efficient.

Mr. Howard Braucher in "Playground states:

"The lack of the play spirit is not a problem confined to a single class. At the present time many self-supporting laboring men have never enjoyed a vacation of more than two or three days. Some men are not only ready, but glad, to work twelve hours a day seven

ADMINISTRATION (Cont.)

days in the week, fifty-two weeks in the year, year after year. Should holidays be given them, they would know no other way of spending them than in dissipation. They do not even recognize their own need for play. Treadmill, mechanical existence is not confined to the "submerged tenth" or the "other half" of our population. There are industrial leaders who boast they have never taken a vacation and who make existence one round of work, who have also lost the play spirit. The man highest up may be making as much of a machine of himself as the day laborer. Each may be going round and round the treadmill in the cage each has built for himself, or has allowed others to build for him. The present financial and industrial losses due to under-play and consequent loss of power on the part of business leaders, for one year alone, whould reach a startling amount. Few people are obtaining the maximum amount of joy, efficiency and power from their lives. The presence of the play spirit means adaptability, capacity for quickly appreciating the influences about them, keen enjoyment of the game, whatever it be which is being played, and a consciousness that there are other players besides themselves."

BUREAU OF CHILD WELFARE

Laura Jean Reid, R. N., Director

HEALTH PROBLEMS IN THE SCHOOLS

Inasmuch as physical and mental efficiency, length of life, success, and the joy of living, are determined in large measure by the health of the individual, the first aim of the school should be the production of healthy children, and inasmuch as the physical equipment of the child, the health habits formed, and the environment in which he lives, are important contributing factors in maintaining his health, major consideration has been given to the following problems:

1. Environment — The sanitary condition and equipment of school houses and grounds.

2. Importance of putting and keeping the body machine in working order through medical examination and follow-up work, and the control of infectious diseases in the schools.

3. The best methods of encouraging the formation of health habits—Importance of health teaching, physical education, supervised play and athletics.

RECOMMENDATIONS

1. New school buildings should be constructed according to modern standards of school construction.

BUREAU OF CHILD WELFARE (Cont.)

The sanitation of school buildings and grounds should be such as to contribute to the health and comfort of the children attending the school. The minimum requirements should be:

1. Safe and adequate water supply.
2. Drinking fountain or individual drinking cups.
3. Two sanitary privies or indoor toilet system.
4. Proper lighting, ventilation and heating.
5. Seats so adjusted to the child as to be comfortable.
6. House and furnishings clean and free from dust.
7. Wash basins or lavatories for the use of the children.
8. Adequate playground and well-kept yard.

The common towel and the common drinking cup are vehicles by means of which communicable diseases may be communicated, and should not be used in schools.

In the secondary schools and colleges, the sanitary condition of the buildings and grounds should be such as to exemplify an environment which makes for health and the principles of sanitation should be taught.

2. Whenever possible provision should be made for medical examination of the children by a competent physician, and follow-up work and correction of defects should be encouraged. Inasmuch as the teacher has not time to do this work adequately, whenever possible arrangements should be made for the employment of a public health nurse, and the cooperation of the teacher, parent and nurse should be secured.

When it is not possible to secure the aid of a physician or nurse, the teacher herself should be encouraged to weigh and measure the children regularly, test vision and hearing, note dental and other obvious defects, and encourage their correction, and note first signs of contagious diseases and skin infections, reporting suspicious cases to the family physician or health officer.

3. Special attention should be given to the nutrition of the school child, inasmuch as nutrition is an important determining factor in physical and mental development, and inasmuch as a considerable percentage of school children are under-nourished.

It is desirable that the program for nutrition work in the elementary schools should include:

1. Regular weighing and measuring and keeping of health and weight records by school authorities.

2. Nutrition conferences for under-weight children, conducted by the teacher or nurse including conferences with mothers.

3. Special attention to the teaching of food values and the principles of food selections with emphasis on the importance of fruit, cereals, vegetables and milk. Instruction should also be given as to the selection and packing of the cold lunch.

BUREAU OF CHILD WELFARE (Cont.)

4. Hot lunches should be served at school if possible, when the children cannot go home. In rural schools, one hot dish should be served to supplement the cold lunch brought from home. Provision should be made for washing the hands before eating, and adequate time for eating should be allowed. In carrying out this program, the cooperation of parents and community should be enlisted.

5. Physical education, and supervised play, or athletics should form an integral part of the school program in all grades.

6. Health teaching should be given in all grades, incidental to, and correlated with, subjects in the curriculum, and should be so presented as to make an appeal to the interests of the children. Informational courses in physiology and hygiene should be given in the upper grammar grades and high school.

The aim of the health teaching should be the formation of health habits, and the inculcating of ideals necessary to the health.

The health of the teacher should exemplify what she teaches.

Expression should be given in school work, through songs, posters, games, language work, dramatization, construction work, etc., presented from different angles, according to the age groups of the children.

7. Inasmuch as trained teachers are necessary for a satisfactory carrying out of a systematic and adequate health program in the schools of the state, courses should be given in the colleges and summer normals which will train teachers in physiology and hygiene, in physical education and atheletics, in the principles of child hygiene and in the principles and methods of health teaching.

SUMMARY OF HEALTH PROGRAM RECOMMENDED FOR THE SCHOOLS.

1. An environment which makes for health.

2. Medical examination of school children with follow-up work and correction of defects, and the control of contagious diseases in the schools.

3. Physical education, supervised play and athletics as part of the school curriculum.

4. Special attention to nutrition work, including regular weighing and measuring, school lunches, special classes for under-weight children, and balanced ration in boarding schools and colleges.

5. Health teaching in all the grades incidental to and correlated with other subjects in the curriculum so presented as to make an appeal to the interests of the children. Informational courses in physiology and hygiene in the upper grammar grades and high schools.

7. Teacher training courses in colleges and normal schools which will prepare teachers to carry out a systematic and adequate health program in the schools.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JANUARY, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	393	206	32	22	58	711
Diphtheria	424	129	39	201	17	810
Typhoid	161	201	8	22	28	420
Malaria	229	217	12	21	48	527
Rabies	8	6				14
Tuberculosis	204	105	17	23	13	362
Gonorrhoea	241	158	58	36	9	502
Syphilis	1579	465				2044
Water: Bact. Ex.		25		28		53
Water: NaCl Cont.	...			5		5
Milk Bact. Ex.	6	2	11	171	9	199
Milk Chem. Ex.	7	2	11	426	9	455
Miscellaneous	32	12	2	10	3	59
	3284	1528	190	965	194	6161

Specimen containers distributed 4200

BIOLOGICAL PRODUCTS SENT OUT DURING JANUARY, 1924

Diphtheria antitoxin	10,000 Units	97
	5,000 Units	43
Toxin antitoxin		691cc
SCHICK'S:	50's	2 & Controls
	100's	13 & Controls
Tetanus antitoxin	20,000 Units	10
	10,000 Units	18
	1,500 Units	172
Antimeningococcus serum		3 Cylinders
Typho Bacterin		469 Packages
Vaccine Virus		2630 Points
Antirabic virus		12 Treatments

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying November, 1923, accounts	$ 10,076.52
December, 1923, Receipts	39,96163
Total	$ 50,038.15

DISBURSEMENTS

December, 1923, Disbursements	$ 21,135.36
Balance	$ 28,902.79

DISBURSEMENTS FOR DECEMBER, 1923, ITEMIZED

Administration	$2,950.52
Engineering	1,980.34
Laboratories	2,787.96
Child Welfare	176.86
Orthopedic	
Sheppard-Towner	8,531.72
Vital Statistics	2,071.75
Multigraph	187.36
Biologics	1,151.87
Communicable Disease	1,296.98
Total	$21,135.36

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
52-097	Mrs. Julia Bryant	Ebro, Fla.
47-087	Mrs. R. E. Dicks	Dowling Park, Fla.
47-157	Mr. G. Wash. Green	McAlpin, Fla.
56-077	Mr. C. E. Jackson	Clara, Fla.
58-02	Mrs. Bergie Kight	Zolfo, Fla.
7-04	Mrs. Hattie Meriwether	Wewahitchka, Fla.
37-167	Mr. August H. F. Schultz	P. O. Box 15,Salerno, Fla.
21-047	Mr. J. Mat Taylor	R.F.D. No. 1, Chipley, Fla.
17-03	Mrs. B. F. Woodard	Box 65, Jennings, Fla.
40-07	Mr. Victor Wray	Haines City, Fla.
44-057	Mr. Haynes Wolfe	R.F.D. "A", Box 55, Milton, Fla.

NOTES FROM THE DISTRICTS

DISTRICT NO 5

F. A. Brink, M. D., Tallahassee

Besides eleven cases of smallpox investigated and isolated 530 vaccinations were given in January; 360 Schick tests, three cases of smallpox were seen and 322 children were examined.

DISTRICT NO. 3

H. E. Hitchcock, M. D., Tampa

January 28th at Manatee, 260 children were Schicked. January 31st at Gainesville, 67 grammar grade pupils were Schicked as a demonstration in the publicity campaign started by the Public Health Nurse, local physicians and public spirited citizens in an up-to-date effort to stamp out diphtheria from the community.

It has become a widely recognized fact that deaths from diphtheria are as needless as deaths from starvation. To prevent starvation requires daily attention, while practical immunity to diphtheria and the prevention of all deaths therefrom may be secured for all children between the ages of six months and six years, by making an injection beneath the skin at the back of the arm three times, once a week for three weeks.

It has been my practice to ask the child, "Did it hurt you"? And the almost invariable surprised reply from the child is "No." Little ones of that age give no reaction—I mean no redness, swelling, fever or pain results. Just nothing and the child returns a week later perfectly willing to have his second dose, and later the third and last.

Older children should be tested (Schicked) in order that the treatment be given to the susceptible ones only, since many older children are naturally immune and cannot take diphtheria anyway. The same being true of adults. At any later time, six months or a year, and from time to time, it is easy to prove that the treatment is holding good by making the simple Schick test just above the wrist, on the forearm, making a "skeeter" bite, as the children call it.

This work is done by the State Board of Health for all schools through the State free of charge.

* * * * *

Failed to Report Smallpox.—Dr. Howard J. House, Los Angeles according to reports, was fined $600 with an alternative of sixty days in the county jail, January 15, following his conviction in Judge Wallace's court on a charge of violating the county ordinance requiring physicians to report all cases of infectious disease to the health department. It was alleged that Dr. House failed to report a case of smallpox.—A. M. A. Feb. 2, 1924.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

AN ECHO OF THE FLU EPIDEMIC OF 1918

During the flu epidemic of 1918, while a mother was seriously ill with that dread disease in Jacksonville, her little four-year old daughter, also, had flu and pneumonia and was taken to a Jacksonville Hospital. A few days later, a little boy came running into her home, and without asking her name, said ,"Your little girl is dead." Six weeks afterward the mother was able to go to the hospital, but, because of the confusion existing during those terrible weeks, she was unable to secure much information. Later, she and her husband returned to her old home in Cincinnati.

One morning, her husband said, "Edith, I have something to tell you. Marie is not dead. I gave her to Mrs —— of the Associated Charities in Jacksonville." Before denying this or giving any further information, he committed suicide. For nearly five years this mother has labored for the necessities of life—always with this thought in mind, "Is Marie living or dead?" If living, where is she? Who is caring for her?

In July, 1923, when the mother could no longer endure the suspense, she and a friend came from Cincinnati to Jacksonville to learn the truth, if possible. She found at the Associated Charities that Mrs. ——— was now living in New Jersey, and she could get no information there. Daddy Fagg advised her to come to the Bureau of Vital Statistics, and here on July 2nd, she found the true record which satisfied her that her little daughter had died at ——— hospital in October, 1918. A few days later, she returned to Cincinnati, sad, but without the dread suspense which she had endured for the past five years.

* * * * *

POSSIBLE OBJECTIONS ON THE PART OF PHYSICIANS AND MIDWIVES, AND ANSWERS

OBJECTION

We got along all right before the nonsense of birth registration.

ANSWER

WE GOT ALONG without the telephone, electric lights and automobiles. The world moves and birth registration is not only essential in economic conditions, but absolutely vital for the protection of the child and the future citizen.

OBJECTION

Reports cannot be required without compensation.

ANSWER

There is no legal basis for such an objection. Every person is under obligation to society, and if he fails in performance of his public duty, he is not entitled to protection by society. It has always been

BUREAU OF VITAL STATISTICS (Continued)

recognized that a witness of fact must give evidence when legally called. A physician is licensed by the state to practice his profession and registration of births is one of the things the state has by law required of him in return.

OBJECTION

The relationship between physician and patient is confidential and reports may violate this confidence.

ANSWER

There is no private ownership in the knowledge of facts of public concern. There is in such birth reports no violation of rights of person or property, but protection of those rights. Neither parent nor physician has a legal or moral right to jeopardize the interest of the child by suppression of birth reports.

OBJECTION

Few parents have decided upon the name of the child at birth.

ANSWER

Registration of a birth should NOT be delayed by a physician for lack of a child's Christian name. The name may be reported later by the parents, as provided by law.

OBJECTION

The form of the birth registration report contains several items of which I might have no knowledge. I cannot be forced to testify as to things which I do not know, and in the very nature of the case I often cannot know things which I am required to state in the certificate.

ANSWER

A witness must testify as to his KNOWLEDGE AND BELIEF. Society has laid primarily on physicians the duty of collecting the data as to births and such laws are almost universally sustained.

OBJECTION

It is unjust to put the practitioner to the trouble, expense and inconvenience of making birth report without compensation.

ANSWER

It is not without compensation. Birth registration is a part of a physician's legal duty in the care of a maternity case and until this duty has been performed, is he entitled to his fee for professional service?

* * * * *

VALUE OF BIRTH CERTIFICATES.

It is the right of every child born in America to have the fact of his CITIZENSHIP made a matter of official record.

The state has a right to a file of its citizens. Uncle Sam's most important record is incomplete until every state accurately and completely registers its births and deaths.

BUREAU OF VITAL STATISTICS (Continued)

A FABLE
The Kidneys and Their Boss

By Dr. J. N. Hurty
Ex-State Health Commissioner of Indiana.

One time, two kidneys which had been working like dray horses for years, suddenly slowed up and began to complain. Kidney No. 1 said: "I can't handle the enormous quantities of salt, saltpeter, drugs and toxins the blood is loaded with nowadays, and I notice you, too, are becoming weak and slow." "Yes," said No. 2, "the man we are working for is a riotous eater of flesh; he covers everything he eats with salt, and the embalmed meats he consumes at almost every meal contain saltpeter and borax." "Oh, there is where the saltpeter and borax come from, is it? said No. 1. "My, how those loads of terrible chemicals do stretch and irritate my tubules, and how awfully tired they make me. Yesterday the saltpeter, salt, borax and meat poisons tore one of my tubules and it bled horribly. The Boss was awfully scared and called a doc. The doc never said a word about his letting up on scads of beef and cutting out so much embalmed meats, but wrote a prescription, which I heard the Boss say cost 85 cents. It was acetate of potash, saltpeter and infusion of digitalis, and when it struck me I grew dizzy and trembled like a leaf."

"I, too, had a pain from that infernal dose when it got to me," said No. 1, "I already had a big jag of salt, saltpeter, and meat toxins, and was trying to pass them on when the doc's medicine hit me. Then I grew dizzy, and just to let a little light into the Boss's mind, I sent a pain impulse up to his brain."

"So did I," said No. 2. "Didn't help a bit, because the old fool sent down a dose of morphine to quiet the pain. When the blood brought the cursed drug I could see how its corpuscles were made very weak, and they staggered as if they were drunk. One corpuscle said: I feel as if I had been hit with a club. I couldn't whip a sick typhoid germ if it were to come my way, and if it were a husky one, then goodbye me."

"Good-bye for the Boss, too," said Kidney No. 1.

The two tired and overworked kidneys again took up their functions, but it was no use; their spark plugs were clogged and they just could not keep up. Now the blood began to kick. It said: "I have carried this load of salt, saltpeter and toxins around the course three times and a new lot of drugs came into the stomach about ten minutes ago and also a lot of catsup, worcestershire sauce, mustard and other garbage." So the poor blood said to the poor kidneys: "If you don't take this rotten stuff from me as is your duty, I can't relieve the stomach." "Let the stomach go to hang," said the kidneys. "If it has not the sense to reject the infernal stuff, let it suffer."

"It can't," said the blood, "for it is paralyzed with morphine." So the kidneys, blood, and the stomach all agreed they would send

BUREAU OF VITAL STATISTICS (Continued)

a joint warning up to headquarters and ask the old fool boss to let up with his gormandizing and drugging. Then they sent a message of pain and themselves threw a fit. The boss, sick as a dog, had to go to bed, and again sent for Doc Kawkisky. "I have an awful pain in my stomach and kidneys," said the boss. "My kidney pills and buchu stomach medicine will cure you," said the doc. And he gave a whopping dose of each medicine. When they dropped into the stomach, the tired old thing shivered and said: "Heavens and earth, what's this?" Nevertheless it bent to the job and when the sugar coating was dissolved, and the buchu, juniper oil, and more saltpeter dropped out, it called down the speaking tube to the kidneys what was coming. The miserable old things groaned and exclaimed, "How long, O Lord, how long?" About twenty minutes after the first dose struck the kidneys, another dose dropped into the stomach. "Here comes some more," yelled the stomach, and the dizzy, staggering kidneys agreed they had reached the end of their string and Bright's disease was inevitable. They had fough a good fight for their boss, but he had broken them down with overwork and now he was fatally ill.

Gradually the boss wasted away in great pain and mental agony and died. To the end he never knew why his kidneys gave out and why he acquired Bright's disease, yet all the time the disease was developing he kept telling what a good time he was having just eating what he wanted, whenever he wanted to and as much as he wanted. He also said he would rather live fewer years and have a good time.

Moral No. 1. Most men dig their graves with their teeth.

Moral No. 2. It is always a big mistake to employ quacks and take their medicine. —Louisville Health Bulletin, Sept., 1923.

HERE AND THERE

Dr. W. A. Claxton has been appointed as district health officer, and will have District Number Four, with headquarters at Gainesville. Dr. Claxton was associated with the Florida State Board of Health years ago having resigned to enlist in the Canadian Army Medical Corps.

District Number Four for the present will include the following counties: Jefferson, Madison, Hamilton, Taylor, Suwannee, Lafayette, Columbia, Baker, Union, Bradford, Dixie, Alachua, Levy and Marion.

* * * * *

Dr. S. R. Weirich has been appointed district health officer for the State Board of Health, with headquarters at West Palm Beach. Dr. Weirich who had until recently been associated with the Washington, D. C., Division of Contagious Diseases, was formerly director of the Preventable Disease Department of the West Virginia State Board of Health, resigning his position to enter the Medical Corps of the United States Army during the World War.

Dr. Weirich's district for the present will include the following counties: Osceola, Brevard, Dade and Monroe.

BUREAU OF VITAL STATISTICS (Continued)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,957 Cases of Sickness has been received during the month of January as compared with 1,195 for the same month last year.

DISEASES	Total Cases	By Weeks January, 1924 1st	2nd	3rd	4th	5th	Weekly avg. for Jan., 1923
Chancroid	13	2	1	6	3	1	1 B
Chicken Pox	35	3	3	7	5	17	9
Dengue	6	.....	3	3	.....	.....	3
Diphtheria	57	10	7	15	10	15	10
Dysentery	16	.....	.....	9	6	1	..... A
German Measles	3	.....	.....	2	.....	1	.....
Gonorrhoea	205	27	31	51	35	61	23
Hookworm	87	1	6	23	28	29	18
Influenza	27	1	2	5	7	12	95
Malaria	33	1	5	9	8	10	6
Measles	1081	121	214	312	294	230	3
Mumps	22	2	3	4	3	10	..... A
Pellagra	1	.....	.....	1	.....	.....	..... A
Pneumonia	38	3	11	7	5	12	10
Poliomyelitis (A)	1	.....	.....	.....	.....	1	.....
Scarlet Fever	7	2	2	1	2	.....	3
Small Pox	37	.....	8	4	19	15	11
Syphilis	190	9	47	41	35	58	29
Tetanus	2	.....	1	.....	1	.....	..... A
Trachoma	4	.....	.....	4	.....	.....	.....
Tuberculosis	42	2	6	12	13	9	6
Typhoid	33	6	4	9	2	12	8
Whooping Cough	17	4	2	.....	1	10	3

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

Reported cases of the following diseases for January, 1924.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Tuberculosis	Hookworm	Syphilis	Gonorrhoea
STATE	33	33	37	57	42	87	190	205
Alachua	1	.....	.....	1	.....	5	.....	.....
Baker	.....	.....	.....	.....	.....	.....	.....	.....
Bay	.....	.....	.....	6	1	.....	.....	.....
Bradford	.....	.....	2	.....	1	.....	.....	.....
Brevard	.....	.....	1	3	.....	1	.....	4
Broward	1	1	.....	.....	.....	.....	1	.....
Calhoun	.....	.....	.....	.....	.....	.....	.....	.....
Charlotte	.....	.....	.....	.....	.....	.....	.....	.....
Citrus	2	4	.....	.....	.....	.....	.....	.....
Clay	.....	.....	.....	.....	.....	.....	.....	.....
Columbia	.....	.....	.....	1	1	1	.....	.....
Dade	2	.....	.....	8	2	.....	8	3
DeSoto	.....	.....	.....	.....	.....	.....	.....	.....
Dixie	.....	.....	.....	.....	.....	.....	.....	.....
Duval	11	2	12	10	10	20	145	161
Escambia	.....	.....	.....	2	.....	.....	2	1
Flagler	.....	.....	.....	.....	.....	.....	.....	.....
Franklin	.....	.....	.....	.....	.....	.....	1	.....
Gadsden	.....	.....	8	1	1	2	.....	.....
Glades	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	.....	.....	.....	.....	.....	.....	1	.....
Hardee	.....	.....	.....	.....	.....	.....	.....	.....
Hernando	1	.....	.....	.....	.....	.....	.....	.....
Highlands	.....	1	.....	.....	.....	.....	1	.....
Hillsboro	3	8	.....	5	9	9	11	20
Holmes	1	1	.....	.....	.....	.....	.....	.....
Jackson	1	.....	.....	.....	.....	.....	.....	.....
Jefferson	.....	.....	.....	.....	.....	1	.....	.....
Lafayette	.....	.....	.....	.....	.....	.....	.....	1
Lake	.....	1	.....	.....	.....	1	1	.....
Lee	.....	.....	.....	.....	.....	5	.....	.....
Leon	1	.....	10	.....	1	6	.....	.....
Levy	.....	.....	.....	1	.....	.....	.....	1
Liberty	.....	.....	1	.....	.....	.....	.....	.....
Madison	1	.....	.....	.....	.....	.....	.....	.....

BUREAU OF VITAL STATISTICS (Cont.)

Reported cases of the following diseases for January, 1924.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Tuberculosis	Hookworm	Syphilis	Gonorrhoea
Manatee	.....	.....	.....	2	1	.....	1	.....
Marion	2	.....	.....	.....	.....	4	.....	1
Monroe	.....	.....	.....	.....	.....	1	1	2
Nassau	.....	.....	.....	.....	1	.....	.....	.....
Okaloosa	.....	.....	.....	.....	1	.....	.....	.....
Okeechobee	.....	.....	.....	.....	.....	.....	.....	.....
Orange	.....	.....	.....	.....	.....	2	3	2
Osceola	.....	1	.....	.....	.....	.....	.....	.....
Palm Beach	.....	.....	2	1	1	1	1	.....
Pasco	2	1	.....	1	.....	3	.....	.....
Pinellas	.....	5	.....	4	3	1	1	3
Polk	1	.....	.....	.....	2	6	6	.....
Putnam	.....	.....	.....	.....	1	3	1	.....
St. Johns	.....	.....	.....	.....	.....	1	1	.....
St. Lucie	.....	2	.....	.....	1	.....	.....	.....
Santa Rosa	.....	.....	.....	.....	.....	.....	.....	.....
Sarasota	.....	.....	.....	.....	.....	.....	.....	.....
Seminole	.....	3	.....	7	2	11	2	1
Sumter	.....	.....	.....	.....	.....	.....	1	.....
Suwannee	.....	.....	.....	.....	.....	1	.....	.....
Taylor	2	.....	.....	1	1	.....	.....	.....
Union	.....	.....	.....	1	.....	.....	.....	.....
Volusia	1	3	.....	2	2	1	1	5
Wakulla	.....	.....	1	.....	.....	.....	.....	.....
Walton	.....	.....	.....	.....	.....	1	.....	.....
Washington	.....	.....	.....	.....	.....	.....	.....	.....
Cities (following figures are included with County Totals):								
Jacksonville	11	2	2	10	10	20	144	159
Tampa	1	8	.....	4	7	3	10	19
Miami	.....	.....	.....	7	2	.....	8	3
Key West	.....	.....	.....	.....	.....	1	1	2
W. P. Beach	.....	.....	2	.....	1	.....	1	.....

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

MILK IS A GOOD FOOD FOR BACTERIA AS WELL AS CHILDREN

CLEAN MILK IS THE ONLY KIND OF MILK TO USE

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

IN GOD WE TRUST

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 16 APRIL, 1924 NO. 4

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

FIRST AID

In time of accident or sudden illness, it usually falls upon those present to render such aid or relief to the injured or afflicted as may alleviate pain and perhaps save life. It is entirely possible for a person with a normal amount of intelligence to render "first aid", pending the arrival of a physician, which may result, eventually, in the saving of life.

Knowledge of what to do and what not to do is most important since more trouble can be caused by doing the wrong thing than by not doing anything at all. A little time spent in learning the rudiments of "first aid" is well spent since a knowledge of what is best to do can only be obtained by some training together with a great deal of common sense.

Since no two accidents usually occur in the same way no rules can be formulated to work by; however, there are certain general principles which can be considered in an emergency.

Usually a rapid survey of the situation should be made to determine the first and most necessary thing to be done; then the surroundings noted to determine, if possible, the cause of the injury or accident, having first, of course, called or sent for a physician.

Bystanders should be urged not to crowd and better still to leave the scene. Screaming and wailing should be stopped if possible. Hot or cold applications may be needed and should be prepared. The use of large quantities of whiskey or brandy as stimulants should be discouraged since they are most apt to have the wrong effect on the patient or victim. If the need of a stimulant is apparent it is better for the non-medical to use a non-intoxicant such as hot water, tea, coffee or milk.

Certain signs or symptoms, of course, point to certain diseases or conditions but for positive diagnosis of a condition, a combination of certain definite symptoms must be obtained; however, the presence of a symptom often may act as a sign post pointing the way to the real condition. For instance, unconsciousness may mean that the brain is at fault and not working in its normal capacity. Inability to move a limb may mean paralysis and, appearing suddenly and accompanied by unconsciousness, may point to apoplexy. A flushed skin may indicate intoxication, fever or apoplexy. A cold, clammy skin with beads of perspiration is also charactistic of certain conditions. With a little study and practice, it is possible for the layman to recognize certain visible symptoms and, consequently, suggest relief measures pending the arrival of a physician. It is a well known fact that many lives have been lost because of unfamiliarity on the part of bystanders with the rudiments of first aid, together with lack of coolness and intelligence.

One should always remember not to do too much. The true principle is when there is a pressing need to do what is known to be helpful and when uncertain, to do nothing.

BUREAU OF CHILD WELFARE

Mrs. Laurie Jean Reid, R. N., Director

HOW TO CARE FOR MILK IN THE HOME

Take milk into the house without delay and keep it cool, preferably by putting it at once into an ice box. In summer milk left out of doors will warm up quickly, causing it to sour early, and if filth bacteria are present, to become unfit for food. Moreover, as the milk grows warm it expands and leaks around the cap of the bottle, thus attracting flies and possibly also inviting visits from cats and dogs.

In winter while milk keeps cold out of doors, it expands when it freezes and forces out the cap, thus exposing the top portion of the milk to the dust of the streets and to animals.

If milk is not delivered in bottles, which it should be, a Mason jar, or some other covered receptable, should be supplied for it to be poured into. Do not put out a pitcher or any other uncovered receptable.

Keep milk cold. Careless housewives often allow milk to spoil that was delivered to them in prime condition by letting it stand for a long time in a hot kitchen or dining room.

The colder milk is kept, the longer it will keep. Therefore do not leave milk where it will get warm. If possible, put the receptable directly against the ice. If this can not be done, put it in the compartment of the ice box directly beneath the ice chamber, for the air circulating through the ice chest is coldest directly after it passes over the ice. If no ice box is used, keep the milk as cool as possible by putting it in the cellar, or wrapping the bottle or other container in a damp cloth and setting it out of the direct sunlight in a current of air.

Milk should not be placed in the same compartment with onions, strawberries or similar food, as it absorbs odors very readily. As an aid in preventing the absorption of such odors keep the cap on the milk bottle while it is on the ice box unless the cap is torn or dirty, in which case a tumbler or cup may be inverted over the mouth of the bottle.

Keep the refrigerator very clean and see that the drain pipe and the shelf which catches the drip from the ice are kept free from slime. Brushes are made especially for cleaning the drain pipes of ice boxes.

Wipe off the cap and neck of the bottle before opening it. The top of a milk bottle is exposed to dirt, dust and flies during transportation and is handled, moreover, by the driver, whose hands can not well be kept clean while he is on his route.

Milk bottles, after being emptied, should be washed. All dairymen are required to wash their bottles at the dairy, but unless bottles are rinsed thoroughly in the home it is very difficult to remove the film of milk that sticks to the glass.

Milk bottles should be used for milk only. To put vinegar, molasses, kerosene or other substances into them is unfair to other customers, and to the dairyman. The bottle that is in your home today will be in some other home tomorrow. Do as you would be

BUREAU OF CHILD WELFARE (Cont.)

done by. In some places the use of milk bottles for anything other than milk is forbidden by law.

A bottle cap can be removed easily with a fork or other sharp pointed instrument but care should be taken that the cap is not forced down into the milk. The practice of pushing the cap down with the thumb is a filthy one, and so is the habit of drinking milk from the bottle.

Milk that has been in the sick room should not be used by well members of the family, for milk is very easily infected with certain disease organisms which multiply rapidly therein, and therefore is peculiarly likely to serve as a carrier of communicable disease.

If you buy milk at a store, be sure that it is fresh, that it has been kept in a clean place and that it has been kept cold.

Vacuum bottles may be safely used for keeping milk cold for many hours. They are particularly convenient for maintaining milk at a low temperature while traveling. But vacuum bottles should never be used for keeping milk warm, for rapid growth of germs will inevitably take place.—New York State Department of Health.

At a meeting of the Executive Committee of the American Child Health Association on February 16 the following minute on the death of Dr. L. Emmett Holt, first vice-president of the Association, was adopted:

"The sudden and untimely death of Dr. L. Emmett Holt has deprived the mothers and children of America of a great friend.

The cause of health education has lost a leader inspired at once by a vision of happy, wholesome childhood and a spirit of devotion to scientific truth, with a keen appreciation of the necessity of modifying the springs of conduct, as a basis for progress.

The world has been deprived of a great physician, whose keen interest and energetic efforts on behalf of preventative, as well as curative, pediatrics distinguished him in his field, and

The American Child Health Association has lost one of its most devoted, tireless workers, who responded to every call for service, whose mind was ever ready with wise, far sighted advice.

For these reasons, the American Child Health Association expresses its great sorrow and its sense of deep loss at the departing of so earnest and powerful a friend of childhood, and hereby pledges itself to a deeper devotion to the cause of child health, in memory of him." (Child Health Magazine).

The Florida State Board of Health, recognizing the loss to the children of America, wishes also to express in this way their profound sorrow in the passing of Doctor L. Emmett Holt.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying December, 1923 accounts	$28,902.79
January, 1924 Receipts	8,963.72
Total	$37,866.51

DISBURSEMENTS

January, 1924, Disbursements	$16,276.60
Balance	$21,589.91

DISBURSEMENTS FOR JANUARY, 1924, ITEMIZED

Administration	$1,659.85
Engineering	3,254.04
Laboratories	2,158.45
Child Welfare	139.50
Orthopedic	
Sheppard-Towner	
Vital Statistics	6,661.15
Multigraph	141.50
Biologics	658.63
Communicable Disease	1,603.48
	$16,276.60

EXERCISE NEED NOT MEAN SORE MUSCLES

Should Be Based on Natural Body Movements

Exercises, bath, breakfast, work—that is the morning schedule advocated by Dr. Jesse Feiring Williams of Columbia University in the April Hygeia, popular health journal.

In describing and illustrating 12 exercises to be taken, upon getting up in the morning, Dr. Williams has in mind the busy office worker who has little time for golf, swimming, horseback riding, hunting, gardening and other outdoor exercises which are in general beneficial.

MANY EXERCISES BAD—"Most of the exercises offered the public are based on artificial and unnatural movements of the Swedish and German systems," says Dr. Williams.

"The idea that exercise must be felt, in order to be valuable, is similar to the idea that medicine must have a nasty taste in order to be potent. The most desirable sort of physical education will not produce soreness, and will in no way strain the muscles."

SHOULD BE NATURAL—Dr. Williams' set of twelve exercises for the school or office worker are the movements which man has made in developing from the lower forms of life into the human being he now is, and are more suited to his needs than movements which are wholly unrelated to his racial inheritance.

The exercises, which are designed to produce wholesome effects upon circulation and breathing, and to aid digestion and elimination, are based on walking, stretching, throwing, lifting, climbing, running and jumping.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING FEBRUARY, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	598	191	21	18	73	901
Diphtheria	535	126	42	53	17	773
Typhoid	154	162	14	28	20	378
Malaria	297	325	23	24	46	625
Rabies	18	2			1	21
Tuberculosis	208	82	32	27	9	358
Gonorrhoea	213	125	22	37	3	400
Syphilis	1425	340				1765
Water: Bact. Ex.		26		7	2	35
Water: NaCl Cont.				7	2	9
Milk Bact. Ex.	18	3	4	189	10	224
Milk Chem. Ex.	19	3	4	428	9	463
Miscellaneous	27	9	4	16	5	61
	3422	1394	166	834	197	6013

Specimen Containers distributed 3,449

BIOLOGICAL PRODUCTS SENT OUT DURING FEBRUARY, 1924

Diphtheria antitoxin	10,000 Units	104
	5,000 Units	54
Toxin antitoxin		1718 cc
Schick's		4000 & Controls
Tetanus antitoxin	10,000 Units	9
	1,500 Units	102
Antimeningococcus serum		18 Cylinders
Typho Bacterin		526 Packages
Vaccine Virus		4610 Points
Antirabic virus		38 Treatments

BUREAU OF COMMUNICABLE DISEASE

Theo. A. Blinn, M. D.

MEASLES

(Measles is one of the quite unnecessary diseases.") Measles is the common disease we all know too well, showing at first symptoms like a severe cold, with high fever and red eyes; later a blotchy rash.

(German measles is a much milder disease; but it is not merely mild measles, as many people think. It is a different disease entirely.)

Measles is a very serious infectious disease, not only in itself, but also in the bronchitis, pneumonia, and even tuberculosis which often follow it; also because of the injuries to the kidneys, ears, etc., which measles (as well as other children's diseases) leave behind them to "come back" at the patient years and years later.

HOW DO YOU CATCH MEASLES?

("Measles is spread chiefly from the sick person direct to the well person; sometimes through milk.") The cause of measles is, we have every reason to believe, a certain kind of germ which escapes from the measles patient's mouth or nose; and wherever the material from the patient's mouth or nose goes, this germ goes with it.

The disease may be caught merely by entering the room where the patient is. A child (or grown person) who has not had measles will usually take it if he goes near where there is any one who has measles. Why? Because the germs are in the watery matter which runs from the patient's nose, and in the spit of the patient; and when the patient sneezes or coughs or talks, he throws out tiny drops of the watery material from the nose and of the spit from the mouth into the air; then every one who is nearby takes those little drops into his nose or mouth or eyes also. The disease may be caught also by shaking hands with one who has measles. Why? Because the patient, in blowing his nose, or in holding his hand before his face when he sneezes or coughs, or in putting his fingers to his lips or nose or eyes, smears some of the watery matter from his nose or eyes or of the spit from his mouth on his fingers—very little perhaps, but enough to make trouble, for the germs of the disease are in these discharges.

You may get the disease from the measles patient's towel. Why? Because he has wiped his lips and eyes with it; and when you wipe your lips with the same towel, you take on your lips some of what he left on the towel.

You may get the disease from the patient's cup or spoon, or other eating utensil. Why? Because he has put his spit on the edge of the cup or bowl or the spoon in using them. If you put these to your lips, your lips take off some of the material he left there.

Persons who have had measles seldom take it again. But before deciding that a certain child is "all right", because he has had it already, "be sure that the child really had measles, not German measles. German measles does not protect against measles, nor does measles protect against German measles.

BUREAU OF COMMUNICABLE DISEASE (Cont.)

Can you catch measles from people who are with measles but not sick themselves? Yes, but only for a short time after they have been with the patient, because the measles germs die very quickly once they leave the sick person's body.

Children who have had measles before may safely go to school from a house where measles exists, IF (remember that IF) IF they wash their hands and faces carefully first; (provided of course, they are kept away from the measles case while they are at home.)

Children who have not had measles cannot safely go to school from a house where measles exists even if they wash their hands and faces well; not because they are likely to carry the germs from the children at home who are already sick; but because they are most certain to become ill themselves. The moment they become ill with measles, they can give the disease to others from their own bodies; and, if they are attending school, they are as likely to become ill while at school as any where else and so give the disease to other children before any one notices that they are ill.

(Measles infects strong and weak, robust and sickly, all alike.) Think over all the children you know that have had measles—the children of your friends and neighbors, your own children perhaps, even yourself and your own brothers and sisters. Count them up. How many were weaklings and how many were strong and well at the time they were taken down with measles? Did you ever know any child, however strong and well, who did not take measles if exposed to it? Yes, you remember a nursing baby who escaped, although all his brothers and sisters had it. That is true—nursing babies whether strong or weak, usually escape, especially if less than six months old. But did you ever know any one else to escape if they had not had measles, and if they were exposed to it? Yes, once in a great while, people are born with a peculiar condition called "immunity from measles" so they will not take this disease. But these are rare exceptions and these immune persons escape not because they are robust, but only because they are immune. Ninety-nine per cent., at least of all the people born in this world would take measles the first time they receive the measles germs into their bodies, without regard to robustness or weakness.

Take it the other way about. If a person, robust or weakly, has had measles, he will not as a rule catch it again. A weakling who has had measles will not catch it again, any more than will a robust person who has had it. Why? Because the person who has had measles once is, as a rule, immune afterwards. (A great many people think they have had measles twice; but usually they had measles only once and German measles the other time.)

Extracts from reprint of H. W. Hill, M. B., M. D., D. P. H.

(Continued next month.)

NOTES FROM THE DISTRICTS

DISTRICT NUMBER 3

Dr. H. E. Hitchcock, D. H. O., Tampa

MANATEE

Two hundred and sixty pupils were Schicked and thirty-two found positive: A very low ratio, especially in view of the race and environment of these pupils. These thirty-two were immunized by Doctor McDuffie of Manatee.

GAINESVILLE

Three hundred and five pupils of the intermediate grade were Schicked. This is 30.5 per cent. upon a voluntary basis, which is, probably better than any attempt at vaccination for smallpox in like circumstances. As a preliminary to the work, a meeting of all teachers was addressed, and a five minute talk given each room. Newspaper publicity arranged for. Various organizations were addressed by university professors, and local physicians. Supplemented by activities of the local health officer and public health nurse.

Upon the completion of this demonstration Schick test consent slips were left for signatures, to be filed by the teachers until a sufficient number had accumulated to justify further Schick and immunization work in Gainesville.

The local health officer, Doctor Lassiter, has given the toxin anti-toxin treatment to all positive reactors.

ALACHUA

One hundred and seventeen pupils were vaccinated and a Schick test demonstration arranged for.

One case of smallpox quarantined, and the vaccination of school pupils arranged for with Doctor Pridgen.

MANGO

The school grades were assembled and addressed upon the subject of diphtheria immunization. Schick testing to wait upon a sufficient accumulation of consents given.

SEFFNER

An engagement was made to address the Community Club.

DOVER

Work among pupils was deferred until the resumption of schools. June 1st.

A report of venereal disease among the pupils of a leading community was investigated and found without foundation.

BRADENTOWN

Addressed High School and Parent Teachers meeting upon the subject of diphtheria immunization.

Secured newspaper publicity, the cooperation of the local health officer, and a public spirited woman.

Schicked one hundred and eighty-seven and treated seventy-eight. A number of those treated were pre-schools given the toxin anti-toxin without Schick testing, otherwise we would have a susceptibility rate of about 42 per cent. Nearly twice the average.

DISTRICT NUMBER 3—(Continued)

The ratio of susceptibles in this school, however, corresponds more nearly to expectation based upon race, social status and present environment.

One hundred and fifty consent slips were left for the intermediate grades, and one hundred and fifty for high school.

PORT TAMPA

One case of smallpox was quarantined. Thirty-two pupils were vaccinated, also thirty-six others not in school.

DISTRICT NUMBER 5

Dr. F. A. Brink, D. H. O., Tallahassee

The month of February was a busy one in the western section of the State. Much time was spent investigating cases and rumors of communicable diseases. Smallpox received the most attention, several cases appeared in Leon county among persons who had failed to realize the value of vaccination. (They all realize it now.) Nearly four hundred persons were vaccinated, nine hundred thirty eight persons were examined, some for acute catching diseases but many were school children who were examined for itch and head lice. Twenty-seven cases of infection or infestation were quarantined, isolated or merely excluded from school as conditions required.

Fifty six hookworm treatments were given out. This is done as a demonstration and to keep people interested in the care and prevention of this most important disease.

* * * * * *

DIPHTHERIA IMMUNIZATION FOR THE PRE-SCHOOL CHILD

The value of the immunity to diphtheria produced by three doses of a toxin-antitoxin mixture administration to children of school age has been so well proven, not only in the large cities of the east, but throughout Florida as well, that little more need be said in its favor. In fact, it seems that parents and physicians would be so eager to prevent illness and death from such a dangerous disease that the State Board of Health would be swamped with requests for material with which to give the treatments. What might seem to be indifference is doubtless due to lack of information and that is the one excuse for another discussion of diphtheria prevention.

DIPHTHERIA STAMPED OUT

So effective is the new immunizing process that diphtheria is literally stamped out among children in institutions and school where it formerly made its appearance periodically for many years.

Among school children there are relatively few, about ten to fifty per cent, who are susceptible to diphtheria and who, therefore need the immunizing shots. The susceptible one can be recognized by a test known as the Schick test the use of which spares the majority of the school children the necessity of taking the immunizing doses.

DISTRICT NUMBER 5 (Continued)

PRE-SCHOOL CHILDREN MOST SUSCEPTIBLE

By the use of the above mentioned test it has been shown that the percentage of susceptibility is much higher among children who are under school age than among those who are old enough to attend school. So few of the younger children are found to be immune that it is deemed best to give them the immunizing injections without previously testing them.

DIPHTHERIA IS MOST DANGEROUS among children of the younger group. This has been pointed out in a recent bulletin issued by the New York State Department of Health which states that "Although the largest number of DIPHTHERIA CASES in this state occurred during the age period FIVE TO NINE years, the greatest number of DIPHTHERIA DEATHS have occurred in children UNDER FIVE YEARS". A study of sickness and death reports in Florida, made by Dr. S. G. Thompson, director of the Bureau of Vital Statistics, indicates in a startling way that the same is true in our own state. During the two year period, 1921-1922, in the age group five to nine inclusive, there were 666 cases of diphtheria and 39 deaths, while there were, during the same period among children under five years, 443 cases and 108 deaths.

From the above there can be BUT ONE CONCLUSION, IMMUNIZATION OF SCHOOL CHILDREN IS OF INESTIMABLE VALUE IN PREVENTING SICKNESS AND DEATH FROM DIPHTHERIA, BUT FOR CHILDREN UNDER SCHOOL AGE IT IS WELL NIGH IMPERATIVE.

For additional information, write the State Board of Health.

RECIPE FOR LONG LIFE

Keep well!

That is the recipe for long life, as seen by Hygeia, popular health magazine published by the American Medical Association.

To keep the well person well is the most fundamental problem of the doctor, says the magazine in an editorial in the April issue.

Periodic health examinations are the solution of the problem of keeping people healthy, so that the development of serious conditions in those approaching sickness may be postponed.

Experience of great insurance companies, as well as those of doctors, all indicate the value of regularly repeated physical examinations for those who wish to remain well and to live long. The principle is that of nipping any disease in the bud.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

BIRTHS REGISTERED

The total number of living births registered in Florida for the calendar year 1923, is twenty-three thousand two hundred and twenty-one (23,221) making a birth rate of twenty-two point two (22.2) per thousand (1,000) population. The total number of white births registered is fifteen thousand six hundred and fourteen (15,614) making a rate of twenty-one point seven (21.7) as compared with seven thousand six hundred and seven (7,607) colored, making a rate of twenty-two point five (22.5). This is the best and most complete record that has ever been made on birth registration in the history of the State. The next best record was made during the year 1921 when twenty-two thousand and seventy-four (22,074) babies were registered in this State.

The importance of birth registration is gradually finding its place in the minds of the people of Florida, and we hope that the time is not far distant when it will be considered a disgrace not to make a record of every baby who is born within the boundaries of this great State.

During the year 1923, one thousand eight hundred and twenty-two (1,822) babies under one year of age died from all causes, representing an infant mortality rate of seventy-eight point four (78.4) per one thousand (1,000) births registered.

The following table indicates the total number of births registered, by Years and by Color, and Birth Rates per One Thousand (1,000) Population for the past five years.

	BIRTHS			Rates per 1,000 Population		
Years	Total	White	Colored	STATE	White	Colored
1923	23,221	15,614	7,607	22.2	21.7	22.5
1922	21,973	15,274	6,699	21.4	22.2	19.9
1921	22,074	15,211	6,863	22.1	22.8	20.6
1920	19,540	13,541	5,999	19.9	20.9	18.1
1919	18,653	12,863	5,790	19.5	20.5	17.6

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
10097	Mrs. W. J. Lord	Lulu, Fla.
14207	Mrs. Susan K. Pritchett	Route 1, Flomaton, Ala.
2405	Mr. Creyton J. Post	P. O. Box 31, Tavares, Fla.
3102	Mr. C. E Hood	Dunnellon, Fla.
44037	Mrs. Bessie Enfinger	R. F. D. "A", Box 179, Jay, Fla.
47157	Mr. F. M. Howard	McAlpin, Fla.

BUREAU OF VITAL STATISTICS (Continued)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,985 Cases of Sickness has been received during February as compared with 820 for the same month last year.

DISEASES	Total Cases	By Weeks February, 1924 1st	2nd	3rd	4th	Weekly avg. for Feb., 1923
Cancer	1	.....	.....	.....	1	3
Chancroid	15	5	5	2	3	4
Chicken Pox	50	7	20	10	13	12
Dengue	4	3	.....	1	.....	..... A
Diphtheria	62	17	9	22	14	12
Dysentery	1	.....	1	.....	.....	..... A
Epi. Meningitis	3	1	.....	1	1	.....
Ger. Measles	1	.....	1	.....	.....	.....
Gonorrhoea	228	66	81	40	41	23
Hookworm	218	36	71	82	29	13
Influenza	29	10	7	7	5	42
Malaria	34	11	10	6	7	6
Measles	815	182	229	270	143	6
Mumps	27	7	6	2	12	..... A
Pellagra	1	.....	1	.....	.....	1
Pneumonia	40	9	8	11	12	8
Scarlet Fever	11	3	2	1	5	3
Small Pox	19	3	10	3	3	10
Syphilis	258	79	67	42	70	28
Tuberculosis	58	5	18	26	9	19
Typhoid Fever	48	13	14	10	11	9
Whooping Cough	62	12	22	10	18	1 B

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

Reported cases of the following diseases for February, 1924

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Measles	Tuberculosis	Syphilis	Gonorrhoea
STATE	48	34	19	62	815	58	258	228
Alachua	1	2	2	.....	65	1	1	1
Baker	.....	.....	.....	.....	.....	.....	.....	.....
Bay	.....	.....	.....	4	.....	1	.....	.....
Bradford	1	.....	.....	.....	.....	.....	.....	.....
Brevard	.....	.....	.....	.....	33	.....	.....	2
Broward	3	.....	.....	.....	10	.....	.....	.....
Calhoun	.....	.....	.....	.....	.....	.....	.....	.....
Charlotte	.....	.....	.....	.....	.....	.....	.....	2
Citrus	.....	.....	.....	.....	1	.....	.....	.....
Clay	.....	.....	.....	.....	.....	1	.....	.....
Collier	.....	.....	.....	.....	.....	.....	.....	.....
Columbia	.....	.....	.....	.....	24	1	.....	.....
Dade	3	.....	.....	10	34	3	8	6
DeSoto	.....	.....	.....	.....	.....	.....	1	.....
Dixie	.....	.....	.....	.....	.....	.....	.....	.....
Duval	12	3	9	20	282	28	142	157
Escambia	1	2	.....	1	24	.....	5	11
Flagler	.....	.....	.....	.....	.....	.....	.....	.....
Franklin	1	.....	.....	.....	.....	.....	.....	.....
Gadsden	.....	.....	3	.....	2	.....	.....	2
Glades	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	.....	.....	.....	.....	.....	.....	.....	.....
Hardee	.....	.....	.....	1	.....	.....	.....	.....
Hendry	.....	.....	.....	.....	.....	.....	.....	.....
Hernando	.....	.....	.....	.....	.....	.....	1	.....
Highlands	.....	.....	.....	.....	.....	.....	.....	1
Hillsboro	9	12	.....	12	58	11	62	34
Holmes	1	.....	.....	.....	3	1	.....	.....
Jackson	.....	.....	.....	1	.....	.....	1	.....
Jefferson	.....	.....	.....	.....	.....	.....	5	.....
Lafayette	.....	.....	.....	.....	.....	.....	.....	.....
Lake	1	.....	.....	1	17	.....	.....	.....
Lee	1	.....	.....	2	13	.....	1	1
Leon	.....	4	1	.....	3	.....	.....	1
Levy	.....	1	.....	.....	6	1	.....	1

BUREAU OF VITAL STATISTICS (Cont.)

Reported cases of the following diseases for February, 1924

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Measles	Tuberculosis	Syphilis	Gonorrhoea
Liberty	.....	.....	.....	.....	.....	.....	.....	.....
Madison	.....	.....	.....	.....	.....	.....	.....	.....
Manatee	.....	1	.....	.....	.....	.....	.....	1
Marion	4	.....	.....	1	3	.....	1	.....
Monroe	.....	.....	.....	.....	.....	.....	.....	.....
Nassau	.....	.....	.....	.....	.....	.....	.....	.....
Okaloosa	.....	.....	.....	.....	.....	.....	.....	.....
Okeechobee	.....	.....	.....	.....	.....	.....	.....	.....
Orange	.....	.....	4	2	.....	1	3	1
Osceola	.....	.....	.....	.....	8	1	.....	.....
Palm Beach	.....	.....	.....	1	4	.....	2	.....
Pasco	1	3	.....	.....	5	.....	.....	.....
Pinellas	.....	1	.....	.....	148	1	6	3
Polk	1	3	.....	2	5	.....	8	1
Putnam	1	.....	.....	.....	17	3	2	.....
St. Johns	4	1	.....	.....	.....	.....	.....	.....
St. Lucie	.....	1	.....	.....	43	.....	.....	.....
Santa Rosa	.....	.....	.....	.....	.....	.....	.....	.....
Sarasota	.....	.....	.....	.....	.....	.....	.....	.....
Seminole	.....	.....	.....	1	6	.....	3	.....
Sumter	.....	.....	.....	.....	.....	.....	.....	.....
Suwannee	.....	.....	.....	.....	.....	.....	.....	.....
Taylor	1	.....	.....	.....	.....	.....	.....	.....
Union	.....	.....	.....	1	.....	.....	.....	.....
Volusia	2	.....	.....	2	1	4	6	3
Wakulla	.....	.....	.....	.....	.....	.....	.....	.....
Walton	.....	.....	.....	.....	.....	.....	.....	.....
Washington	.....	.....	.....	.....	.....	.....	.....	.....
Cities (following figures are included with County Totals):								
Jacksonville	11	3	2	19	271	27	141	152
Tampa	6	9	.....	11	52	6	56	32
Miami	2	.....	.....	9	31	2	7	6
Key West	.....	.....	.....	.....	.....	.....	.....	.....
W. P. Beach	.....	.....	.....	1	4	.....	1	.....

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

HEALTH—A MEANS TO BEAUTY

SAVE MONEY ON COSMETICS BY FORMING HABITS
OF RIGHT LIVING

HUMAN LIFE IS THE STATE'S GREATEST ASSET

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 16 MAY, 1924 NO. 5

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

FLORIDA'S HEALTH

Daily, letters come to the desk of the State Health Officer, with requests for information concerning the health of Florida, "its suitability for an invalid father", "for a sister who has a tuberculous infection", "for one who suffers with chronic cold", "throat trouble", "asthma", "hay fever" and scores of other ails, ills and conditions as well as what possibility there is for a farmer to earn a living.

Conditions, living and physical, as well as disposition and financial status have much to do with one's attitude toward and opinion of his surroundings. Hence, without full knowledge and information it is most difficult to answer many of the questions intelligently.

Florida, unfortunately and unwarrantedly, has gained a reputation for malaria and hookworm infested population, its interior reeking with all sorts of fevers. Many Northerners, in fact, when hearing Florida mentioned, shudder and have visions of conditions rivaling those at the Panama Canal before the advent of Gorgas.

Florida does not deny the existence of hookworm disease or malaria. Nor does it deny the existence of smallpox, diphtheria and other communicable disease. It does deny, however, a malaria and hookworm INFESTED population and emphasizes the fact that hookworm disease and malaria are preventable. The fact is also emphasized that it is a disgrace to breed mosquitoes in ones yard; to have unscreened windows which provide entrance for the filthy fly as well as the mosquito and that it is a disgrace to have ones backyard ornamented (?) with filthy, overflowing, unsanitary privy.

The good citizen properly screens his house. He disposes of all standing water on his premises. He has a sanitary privy if modern sewerage is not available. He keeps his yard clean and, when there is communicable disease in his family, he observes local and State quarantine regulations.

The climate of Florida is the most equable on the continent and is remarkably healthful. It lies between the Gulf of Mexico and the Atlantic Ocean and as a consequence is swept by both gulf and ocean breezes. In the southern part of Florida lies that vast area known as the Everglades, great stretches of which have been, and are still being drained and turned into valuable farm lands. Farther down and at the extreme portion of Florida, are the "Keys" many of which have been spread by deposits of vegetable growth into habitable islands. In the northwest, is a hilly rolling country, a continuation of the Alabama uplands. Almost everywhere the water lies close to the surface which is dotted with springs, many fresh, of immense size and crystal clearness. The mean annual temperature of the State is about seventy-one degrees. The soils, generally, are sandy and light, except in the northern part where loams and clays predominate. On the higher levels, the terraces are covered with a magnificent

ADMINISTRATION (Continued)

growth of pine while thelower levels are timbered with cypress, the "hummocks" (dry elevations) covered with a great variety of hardwood and cabbage palm.

Flowing northward, parallel with the ocean, and threading on a series of lakes, is the St. Johns River, navigable for pleasure and other craft for over two hundred and fifty miles and through tributary swamp-rivers for over a hundred miles more.

It has been said that Florida has a greater variety of trees than any other State in the Union and in this respect, it may be said, that there are many trees peculiar to Florida, itself, as well as to the United States, for instance, the wild orange, cocoanut and Indian almond as well as mahogany and satinwood. The alligator, green turtle and sponge all bespeak the tropical nature of Florida.

The rich phosphate soil mingled with decaying vegetation, rather heavy rainfall and warm climate renders Florida enormously fertile and dictates its representative crops. The principal crops are corn and other cereals, sugar cane, sea island cotton (not as great an extent during the past two years as formerly), white potatoes, celery, peanuts, sweet potatoes, hay, tobacco, cassava, together with watermelon and some muskmelon (cantaloupe). Several thousands of acres are devoted to watermelon for Northern seed markets, alone.

The most important fruits produced in Florida are of a subtropical variety, namely: oranges, grapefruit, limes and tangerines, as well as limes, lemons, guavas, and Japanese plums. Pineapple, olives, figs, cocoanuts, strawberries, grapes and various kinds of nuts are also produced. The State abounds with truck farms, large and small, and the Florida farmer, as a rule, has a diversified crop which keeps him busy throughout the year because of the seasonable variety. While Florida could not be called a farming State, a conscientious farmer can make more than a comfortable living. There is a great future for the truck farmer, at this time, in Florida.

Notwithstanding the fact that Florida has no minerals, it ranks high among the mining States since some of the largest phosphate beds in the world are located in this State, thousands of tons of phosphate being exported annually.

Possible, the largest industry, aside from forest products, is the manufacture of cigars and tobacco, the heart of this district being in Tampa and Key West. This industry was started by and possibly gained momentum through the immigration of Cuban cigar makers which has continued.

The Florida State Board of Health keeping step with the march of advancement is increasing the volume of its health work by educating counties and communities to appreciate the wisdom of accepting the responsibility of doing their own health work. Under a District Health Unit plan, the work is progressing very satisfactorally. The personnel of those Units consists of a District Health Officer, a District Sanitary Inspector, a District Communicable Disease Nurse,

ADMINISTRATION (Continued)

and a District Maternal and Infant Hygiene Nurse. There are six districts, namely: District No. 1, composed of Nassau, Duval, Clay, St. Johns, Putnam, Flagler, Volusia, Lake, Seminole and Orange; District No. 2: Osceola, Brevard, Okeechobee, St. Lucie, Palm Beach and Broward; District No. 3: Citrus, Hernando, Sumter, Pasco, Pinellas, Hillsborough, Polk, Manatee, Sarasota, Hardee, DeSoto, Highland, Glades, Lee, Hendry and Collier; District No. 4: Jefferson, Madision, Hamilton, Columbia, Baker, Union, Bradford, Taylor, Dixie, Alachua, Levy, and Marion; District No. 5: Wakulla, Leon, Gadsden, Liberty, Franklin, Calhoun, Jackson, Holmes, Washington, Bay, Walton, Okaloosa, Santa Rosa and Escambia; District No. 6: Monroe and Dade, with headquarters in Jacksonville, West Palm Beach, Tampa, Gainesville, Tallahassee and Key West, respectively. Aside from this, a Mobile Health Unit has recently been placed in operation, this unit under the direction of a trained public health man, to do extensive and intensive hookworm and malaria control work at strategic points. A health mobile equipped with complete motion picture outfit has also recently been sent out in the State to carry the message of public health, by visual education, into the rural communities.

All in all Florida is a wonderful, healthful and comfortable place in which to live, where one may either vacati n or work with ease. The common phrase 'once you get Florida sand in your shoes, you will never leave" is all too true. Gradually the "winter population" is becoming an "all year 'round population".

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying January, 1924 accounts	$21,589.91
February, 1924 Receipts	7,476.78
Total	$29,066.69

DISBURSEMENTS

February, 1924 Disbursements	$12,905.88
Balance	$16,160.81

DISBURSEMENTS FOR FEBRUARY, 1924, ITEMIZED

Administration	$1,550.74
Engineering	1,934.06
Laboratories	2,584.13
Child Welfare	186.54
Vital Statistics	1,967.16
Multigraph	121.26
Biologics	831.25
Communicable Disease	3,730.74
	$12,905.88

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MARCH, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	708	220	23	36	80	1067
Diphtheria	370	108	26	62	46	612
Typhoid	158	178	7	18	13	374
Malaria	233	192	8	18	61	512
Rabies	20	8	.....	.....	.....	28
Tuberculosis	182	92	11	32	16	333
Gonorrhoea	218	153	27	44	8	450
Syphilis	1305	394	.....	.....	.....	1699
Water: Cact. Ex.		21		23	2	46
Water: NaCl Cont.				26	2	28
Milk Bact. Ex.	25	7	4	201		237
Milk Chem. Ex.	28	7	4	455		494
Miscellaneous	32	18	2	.....	3	55
	3279	1398	112	915	231	5935

Specimen containers distributed 6324

BIOLOGICAL PRODUCTS SENT OUT DURING MARCH, 1924

Diphtheria antitoxin	10,000 Units	102
	5,000 Units	70
Toxin antitoxin		723 C.C.
Schick's	100's	12 & Controls
Tetanus antitoxin	20,000 Units	12
	10,000 Units	10
	1,500 Units	170
Antimeningococcus serum		4 Cylinders
Typho Bacterin		579 Packages
Vaccine Virus		1640 Points
Antirabic virus		32 Treatments

BUREAU OF COMMUNICABLE DISEASE

T. A. Blinn, M. D.

(Continued from last month)

HOW CAN YOU TELL THAT A CHILD HAS MEASLES?

No one, unless he has studied a great many cases of all diseases, can really be sure which one a patient has; so the only way for most people to be sure is to send for an expert physician and leave it to him to decide.

Do not be disappointed if he will not say at once, for the more expert he is, the more he will be careful to make sure before he decides. But perhaps the physician cannot come promptly and you want in the meantime to know what to do.

WHAT TO DO IF YOU THINK A CHILD HAS MEASLES

The very first thing to do, without waiting to find out just what the child has, is to take him into a room by himself, away from the other children, and to take into that room all that the sick child has been playing with or handling; all towels, table napkins, cups, spoons or other things the child has been using that day; all toys, especially mouth organs, trumpets, pea shooters or other things he has had in his mouth. Then shut the door.

Keep the other children out. Wash your hands and lips every time you leave the room, just after you leave it and before you do anything else; before you put your hands to your lips or touch anything, even the outside door knob on the door where the child is. (The inside door knob is in the patient's room and therefore does not matter). If you do these things—not merely mean to do them and then forget—you will have the danger limited to that room, whatever disease the child may have, from the moment you begin the precautions. The other children may have taken the germs from the sick one before you noticed he was sick; and as you don't know yet what the sickness may turn out to be, the other children should have their faces and hands thoroughly washed and be kept at play on their own premises until the doctor comes; but they must not be sent over to the neighbors nor to school. Especially don't set the children to watch the sick one while you go out, even for a short time.

If there is an infectious disease in the house, it is just as infectious before the doctor sees it as afterwards; and the only common-sense thing to do is to consider that it is infectious until the doctor says it it not, instead of the other way.

No one who is taking care of a measles case or of any one who is likely to come down with this disease or of any one who is just recovering from it, should have any thing to do with handling food for others, especially milk; so don't get supper for the other children while you are waiting for the doctor to come.

BUREAU OF COMMUNICABLE DISEASES (Cont.)

WHAT ARE THE DANGERS TO THE PATIENT?

("Fore-warned is fore-armed.")

There is a long list of things that the unfortunate child may have as a result of the attack.

Soon after:

(a) Weak eyes
(b) Bronchitis
(c) Broncho-pneumonia
(d) Tuberculosis
(e) Laryngitis
(f) Stomatitis
(g) Noma
(h) Indigestion and ileocolitis
(i) Middle ear disease
(j) Meningitis

Long after:

(a) Chronic kidney affections
(b) Arterio-sclerosis
(c) Nervous affections

At the present time there are more deaths from measles than from smallpox; but besides the deaths from measles itself, there are still more deaths from diseases that result from measles. For each 100 deaths from measles there are 300 deaths from broncho-pneumonia, etc., following measles; and about 750 more children are injured by other after effects. The measles case therefore requires every care during and after the attack in order to avoid these troubles. Isn't is far better not to have measles at all?

HOW CAN YOU HELP THE BOARD OF HEALTH LOCATE MEASLES?

"To find things, you must look for them." First of all, by insisting that all physicians report all the cases they see to the Board of Health.

Insist on this; and remember that this means insisting that your physician shall report your case and your children's cases if they are unfortunate enough to contract measles. Very often you may be very indignant if other people's physicians do not report the other people when they have measles, but still you do not like to have your physician report you, when you or yours are sick.

Second and still more important, help and support your Board of Health in following up the measles that are reported, and in tracing out the people from whom they caught it.

This is the most important step of all, for physicians are called to see only a very small part of the total number of persons who have measles, and so long as your Board of Health is expected to pay attention to the cases which the physicians report, so long will the greater part of the measles cases run free. The Board of Health should isolate all the cases that are reported, but it should also trace out and follow up the unreported cases, which are usually far more numerous; otherwise the measles will continue to spread from the cases that are not reported, and the trouble and bother that the reported cases undergo is largely wasted.

(Continued next month)

NOTES FROM THE DISTRICTS

DISTRICT NO. 2

D. C. R. Weirich, D. H. O., Ft. Lauderdale

Field activities have been confined to the medical examinations of the school children in the following places:

At Vero three hundred and ninety-seven (397) children were examined. Excellent cooperation was given by the citizens and many defects have already been corrected.

Ft. Lauderdale schools were completed, total number examined seven hundred and twenty-three (723). The pupils manifested an interest in their examinations and quite a number informed me that they were under treatment.

The following schools were visited and examinations made: Deerfield, Davie, Hallandale in Broward County, Arch Creek and Ojus in Dade County; Jupiter and Bocaratone in Palm Beach County.

Total number of school children examined one thousand five hundred and thirty-nine (1,539).

Eight public addresses were given at Vero. A public meeting in the school auditorium was well attended; also addressed the Exchange Club.

Address before the Federation of Woman's Clubs of the lower East Coast District in Ft. Lauderdale, the Grange at Davie, the Parent-Teachers Association at Ft. Lauderdale, Arch Creek, Danie, Deerfield and Davie.

DISTRICT NO. 3

Dr. H. E. Hitchcock, D. H. O., Tampa

Three smallpox cases investigated. 89 were vaccinated.

Two hundred and eighty-eight were Schicked.

Six "pre schools" were given toxin antitoxin, first dose.

Thirty-one school pupils were given toxin-antitoxin, first dose.

Fifty pupils were given toxin anti-toxin, second dose.

Eighteen pupils were given toxin anti-toxin, third dose.

There were distributed 2052 consent slips for signatures, preliminary to Schicking and toxin anti-toxin treatment.

All schools and several organizations were addressed, together with newspaper publicity prior to the administration of Schick test or toxin anti-toxin.

Aid was given the Pasco County Medical Association in deciding upon the appointment of a county health officer, for Pasco County.

All school children of Moore Haven were given a physical examination.

A citizens meeting at Largo was addressed on measles control.

One case of smallpox and one case of typhoid was complained of, where no report has been made by the physician attending.

Sanitation and sewage problems were discussed at Largo and Lake Wales.

Eighteen communities were visited. Some of them repeatedly.

NOTES FROM THE DISTRICTS (Continued)

THE CONTROL OF MEASLES

The traditional pessimism or mistaken policy in the poular mind toward measles is notorious among physicians and doctors of public health.

Mrs. Jones urges her friend Mrs. Smith to expose little Johnny to the measles so that he may have them as soon as possible and be over with it.

Johnny is the helpless victim of common ignorance.

The death rate among young children from pneumonia following measles is high.

The death is not then ascribed to measles, since it is reported as pneumonia.

Every care should be taken to save the young child from measles. Older children do not often succumb to pneumonia, following measles.

Measles is contagious four days before any eruption shows.

During an outbreak of measles, every school child should be inspected each morning before mingling with others, for slight symptoms of a cold, which are the first signs of measles.

The child who shows slight redness about the eyes, swollen lids, sniffing, sneezing, cough feverishness, should be excluded from school, and returned to school the morning of the fourth day, if no eruption shows along the hair line of the face or neck, where it is first to be seen.

All children who have had measles may attend school.

Family contacts—meaning children who have not had measles, but in whose family there is a case of measles, may attend school until the seventh day from the first sign of measles in the sick one. Then these family contacts should be excluded for seven days, since the incubation period of measles is from seven to eighteen days. And those susceptible children who have been exposed will show the earliest signs of measles during this period of seven days exclusion.

Readmit those excluded with measles ten days from exclusion, provided no morbid discharges persist. A physician should certify to their health.

It is rare but possible to carry measles in clothing, therefore the bath, and laundering of contaminated clothing is advisable.

Finally: No potential carrier of pneumonia should be admitted to the room of a measles case, and any person may carry pneumonia germs in nose or throat.

DISTRICT NO. 5

Dr. F. A. Brink, D. H. O., Tallahassee

Smallpox, chickenpox, measles, tuberculosis and scabies cases were investigated during the first half of March. Persons suffering with these diseases were isolated or simply excluded from school as the case required.

Two hundred seventy-nine persons were vaccinated against small-

DISTRICT NUMBER 5—(Continued)

pox and six hundred three school children were given physical examinations in nine schools of Gadsden and Jefferson counties.

Sixty-three persons were interviewed in twenty-two communities and various health subjects were discussed with them.

ANEMIA—DOES YOUR CHILD SUFFER FROM IT?

There are many kinds and causes of anemia among children. All kinds and causes are of much importance and interest to those who suffer from them, but the kind of anemia of greatest interest and importance to us who live in Florida is called secondary anemia and it is caused by one or both of two animal parasites which feed upon human blood—the blood of the host, the blood of the person in whom they make their homes. It is called "secondary", not because it is secondary in importance, but because it comes after something else which must precede it, that is, it must be 'first', and that something else is 'first" is the arrival of the parasite.

It would be difficult to say which parasite is most harmful and most dangerous. Either is bad enough, but, because it affects a larger number of people, and does its greatest harm during the growing time of life, it would doubtless be well to place the

HOOKWORM FIRST IN IMPORTANCE

The hookworm—too small even to bait a fish-hook, working secretly but constantly in the innermost part of a child's "insides" takes its daily and hourly toll of blood until there is not left enough to support the building and repairing processes of his body; growth is retarded and he becomes a stunted, stupid, listless child, a sight pitiful to look upon and individual of little value to himself, his family or his state. There is not a mother or father who, knowing his child to be in such a plight, would spare any effort or expense that would restore him to good health, yet there are thousands who have read or heard of the hookworm and its depredations who think of it as something that concerns the neighbors and not themselves or for some unknown reason they fail to adopt the simple measures that would drive the little blood-suckers out of their children and prevent them from getting more.

MALARIA A CLOSE SECOND

The animal that causes malaria is a very common cause of anemia and sickness in children. Its presence may or may not be suggested by "chills and fever", and the anemia it produces may be so like that produced by hookworm that a careful study must be made by the family physician before the true cause can be known. There are simple and effective ways to care and prevent malaria. The family doctor can explain them adequately.

The State Board of Health is always ready with a supply of literature and suggestions as to the cure and prevention of these two dangerous diseases, hookworm and malaria. If you want your children to grow into strong, useful and happy men and women you should study these two diseases and make sure that they are not destroying the little ones God has given you.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

The principal work of the Bureau of Engineering concerns the advice and assistance to cities and towns in the solution of their sanitary engineering problems, having a direct relation to the healthfulness of the masses rather than the individual. Beacuse the Bureau deals with general problems of Community Sanitation it is frequently conceived to be a police department available for the settlement of community spite cases, collection of garbage cans and the disposal of dead carcasses. It is true the Bureau employees advise individual householders in the conduct of many home sanitation problems, particularly in the disposal of wastes and protection of water, also investigate major community nuisances, but fundamentally the work has to do with community as a unit, problems for the betterment and improvement of the environment.

Cities and towns realize that the Bureau has available a vast quantity of fundamental information relating to water supplies, sewerage and sewage treatment work and because of this make numerous inquiries during the study of their respective problems. Consulting and city engineers are constantly in communication with the Bureau, availing themselves of data and advice. For a number of years a searching study of the state's needs has been carried on thereby putting the Bureau in possession of much valuable data for guidance of cities in the consideration of their problems. Florida is a rapidly growing state and many of the municipal facilities installed a few years ago are now outgrown and obsolete. This state of affairs has given rise to increased activities among municipalities and during 1924 millions of dollars will be devoted to improved, extended facilities to make communities better.

With so many projects under consideration the Bureau's principal services are greatly in demand. Recently, new sewerage and water treatment plans have been received and approved for a number of communities. Several cities have also requested the Bureau to assist them in their search for new or additional water supplies, and one treatment plant has been under constant study for months.

The Bureau exercises a supervision over all the water and sewage treatment plants now operating. Water and sewage plants applying liquid chlorine are required to submit weekly reports of their daily operation, and water purification plants monthly reports of their daily operation. Arrangements are now being concluded with a number of cities to make monthly examinations of their water supplies in the future. Two new sewage screen stations are reporting regularly to the Bureau.

During the past year the Bureau in cooperation with the United States Geological Survey has been carrying on a mineralogical analytical water survey of Florida which is now practically finished. More than 300 waters have been examined in this survey—the most comprehensive that has ever been made in the state. The results of this work will be published later by the government.

BUREAU OF SANITARY ENGINEERING (Cont.)

TYPHOID

The open season for typhoid is here! Along with warmer weather comes the annual increase in typhoid cases and deaths. Typhoid is a filth disease—one indicating carelessness somewhere. It is not amiss to say that today the automobile is responsible for much of our typhoid! Everybody thought when the garage supplanted the old fly producing horse stable that the greatest factor in typhoid dissemination had passed, but, what happens? Typhoid has not decreased as rapidly as the dopesters had doped!

Today the automobile makes it possible and easy for the tired, overworked city dweller, living in sewered areas, having pure water to drink and clean, sanitary surroundings to run into the country for the week end recreation—out to the community having the open toilets, unscrened lunch stands, and often, impure well water. The autoists partake of the food handled possibly by the typhoid carrier in the lunch room—food tramped over by the filthy flies travelling the air line through the unscreened window from the privy vault—drinking water which has received the dish and slop washings pooled around the well. Isn't it a beautiful picture?

Beware! When you go on your trips patronize those places which are clean—look for the screens, the absence of flies, the cleanliness of the surroundings and the presence of sewerage. A little precaution may save a few cases of typhoid.

Recently a case of typhoid in a small country town was brought to the attention of the Bureau. Our inspector was detailed to the site and here is the result of his epidemiological study. Read this carefully and then select the responsible party—also consider well what a little care would have saved in these cases:

"Upon my arrival in—— I found a message from Mayor "O" requesting me to come to —— and investigate a typhoid fever case there. In accordance with his request I arrived in —— early on the morning of the 28th and spent the entire day conducting my investigation. I also went to —— to interview Dr. "D" who is in charge of the case.

Dr. "D" was of the opinion that the cases were due to contaminated drinking water but upon submitting samples for examination he was informed that the water was of a good sanitary quality, therefore he was at a loss to know the cause of the fever.

Following my interview with Dr. "D" I proceeded to the home of the patient, Mrs. "C". From Mr. "R", father of Mrs. "C", I acquired the following information.

During December a Mrs. "G" of "H", Arkansas, visited the "R" home. Upon arrival, Mrs. "G" complained of feeling badly and was reported to have had a fever and on account of her sickness returned to her home in Arkansas where later she was taken down with typhoid fever.

BUREAU OF SANITARY ENGINEERING—(Continued)

About ten days previous to Mrs. "G's" departure the son of Mr. "R" was taken to bed with typhoid fever. The boy died. A nurse from "T" cared for the "R" boy during his illness and Mr. "R" reports that on several occasions it was necessary for her to leave the table at meal time to wait upon the boy, following which she would return to the table without washing her hands. He was quite sure of this; he noted it especially and thought it was not right. Soon after her return to "T" the nurse was taken ill with typhoid fever.

The next case was that of Mrs. "R" who, during her illness, was cared for by Mrs. "C", her daughter. Mrs. "R" recovered. Mr. "R" states that his son and wife had the same symptoms before they were taken with the fever that Mrs. "G" showed when she arrived in the family.

It is my opinion that the first cases in the "R" family were caused by infection brought to them by Mrs. "G" from Arkansas, and the later cases were largely the result of contact and carelessness".

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
3-087	Mr. W. L. Pridgen	Farmdale, Fla.
19-06	Mr. O. W. Weeks	Route 1, Sydney, Fla.
19-07	Mr. A. A. Lewis	Route 1, Lithia, Fla.
20-03	Mr. J. W. Miller	Ponce De Leon, Fla.
20-187	Mr. S. C. Collins	Route 1, Graceville, Fla.
21-01	Mr. Carey W. Forrester	R. F. D. No. 3, Bascom, Fla.
29-077	Miss Moddest Burnett	Route C, Box 167, Madison, Fla.
30-95	Mr. I. L. White, Jr.	Ellenton, Fla.
37-08	Mr. A. H. F. Schultz	Box 15, Salerno, Fla.
40-227	Mr. S. L. Bergert	Loughman, Fla.
41-01	Mrs. Walter Tedrick	Welaka, Fla.
49-117	Mr. L. L. Mosby	Oak Hill, Fla.
49-177	Dr. W. V. Phillips	Osteen, Fla.
52-02	Mr. F. P. Evans	Caryville, Fla.
61-01	Mr. L. B. Ritch	Raiford, Fla.

BUREAU OF VITAL STATISTICS (Continued)

Reported cases of the following diseases for March, 1924

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Measles	Hookworm	Syphilis	Gonorrhoea
STATE	34	38	11	53	652	245	312	259
Alachua	1	.....	.....	.....	5	14	2	1
Baker	.....	.....	.....	.....	.....	1	1	.....
Bay	.....	.....	.....	1	.....	.....	1	1
Bradford	.....	.....	.....	1	1	6	1	.....
Brevard	.....	.....	.....	.....	6	1	2	.....
Broward	.....	.....	.....	2	23	.....	.....	2
Calhoun	.....	.....	.....	.....	.....	2	.....	.....
Charlotte	.....	.....	.....	.....	.....	.....	.....	.....
Citrus	.....	.....	.....	.....	.....	.....	.....	.....
Clay	.....	.....	.....	.....	.....	1	.....	.....
Collier	.....	.....	.....	.....	.....	.....	.....	.....
Columbia	.....	.....	.....	1	15	.....	.....	4
Dade	7	1	2	2	43	1	14	9
DeSoto	.....	.....	.....	.....	.....	.....	1	.....
Dixie	.....	.....	.....	.....	.....	.....	.....	.....
Duval	6	5	1	18	269	29	161	166
Escambia	.....	.....	.....	6	12	5	5	16
Flagler	.....	.....	.....	.....	.....	1	.....	.....
Franklin	.....	.....	.....	.....	11	.....	.....	.....
Gadsden	.....	.....	3	.....	4	13	2	.....
Glades	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	.....	.....	.....	.....	.....	1	.....	.....
Hardee	.....	1	.....	.....	.....	.....	.....	.....
Hendry	.....	.....	.....	.....	.....	.....	.....	.....
Hernando	.....	1	.....	.....	.....	.....	.....	.....
Highlands	1	.....	.....	1	.....	1	2	.....
Hillsboro	6	13	.....	5	30	34	58	36
Holmes	.....	.....	.....	.....	1	.....	.....	.....
Jackson	.....	.....	.....	4	.....	.....	.....	.....
Jefferson	.....	.....	.....	.....	.....	1	2	.....
Lafayette	.....	.....	.....	.....	.....	.....	.....	.....
Lake	.....	2	.....	.....	5	8	.....	1
Lee	1	1	.....	2	.....	.....	4	.....
Leon	.....	2	1	2	1	5	4	.....
Levy	.....	.....	.....	.....	7	.....	.....	.....

BUREAU OF VITAL STATISTICS (Cont.)

Reported cases of the following diseases for March, 1924

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Measles	Hookworm	Syphilis	Gonorrhoea
Liberty								
Madison		1						
Manatee						32	6	
Marion					1	1	2	
Monroe		2		1	1		1	
Nassau	1			1		5	2	
Okaloosa								
Okeechobee								
Orange	1	1			9	5		1
Osceola					3	1		1
Palm Beach	2	1	1		1		1	
Pasco					2	3	4	
Pinellas	2	2		2	58	23	8	2
Polk	2	1	2	2	24	9	9	2
Putnam					8			
St. Johns					3		1	1
St. Lucie	1	3			37	3		2
Santa Rosa	1							
Sarasota							3	
Seminole		1			67	31		1
Sumter						1		
Suwannee	1				1		1	
Taylor				1			2	
Union					1			
Volusia	1			1	3	1	9	4
Wakulla			1					
Walton						6	3	
Washington								
Cities (following figures are included with County Totals):								
Jacksonville	6	5	1	14	257	24	159	163
Tampa	6	7		3	19	3	53	32
Miami	5	1	1		29	1	14	8
Key West		1		1	1		1	
W. P. Beach	2		1		1			

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

FOOD FOR THOUGHT

IF A CHILD APPEARS DULL—FIND THE CAUSE

HUMAN LIFE IS THE STATE'S GREATEST ASSET

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 16 JUNE, 1924 NO. 6

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

VISUAL EDUCATION

The introduction of motion pictures as a practical means for the making and reproducing of graphic records of movements nearly thirty years ago, suggested to people of imagination the possibilities of its use for educational purposes.

These possibilities were discussed, deliberated over and finally formulated into definite working plans with careful forethought to just what education means since it was evident that the educational possibilities of the motion picture were manifold, if properly handled.

Gradually the production of motion pictures, which was limited, practically, to amusement supply, continued to advance and develop in technique and the use of the motion picture for amusement, education and news became an everyday occurrence.

It was difficult, however, at first to adapt films so they would satisfactorily serve in the educational field, the principal obstacle being lack of suitable educational picture material and an inability to "put it over" in an understanding manner. This has been overcome, however, during the past two or three years by the producing companies who have called in educational and health workers to assist in the preparation and production of educational and health films.

More and more are producers seriously considering educational films and as a consequence there are on the market today for distribution, health films which stress the importance and teach methods of mosquito eradication and control, fly proofing, hookworm control, diphtheria control through the Schick test and administration of toxin antitoxin, care of the teeth and of the eye, care of the baby and of the expectant mother, typhoid inoculation and smallpox vaccination as well as many other timely and important subjects.

School authorities are beginning to appreciate the value of visual education and as a consequence new school houses, as well as community houses and halls are being equipped with facilities for the showing of motion pictures and in practically every State film libraries are being opened where films on almost any subject may be secured at a very nominal fee or, in many cases, without charge aside from transportation.

Needless to say, there is a 'fetching' quality to visual education which can not be evorlooked, a quality which catches and holds the attention until "Finis" is flashed on the screen. In communities where education has been neglected and books of the right kind are at a premium, the motion picture is invaluable since it educates as it amuses.

The Florida State Board of Health has recently purchased a light truck which has been equipped with an electric light plant, a motion picture outfit complete with silver sheet and stereoptican. This truck is being sent into the rural sections of the State with a view of educating the people of the rural communities to the need of sanitary privies, well screened houses, clean yards, better care of their children, Schick-

ADMINISTRATION (Continued)

and counties to the need of full time health workers particularly in the schools since the foundation of any community, town or county is good health, especially that of the children.

Elsewhere in this issue will appear a report on the first trip of the motion picture truck with illustrations which are worthy of note.

HERE AND THERE

There about two thousand six hundred ways of being sick; that many diseases or modifications of disease, yet a large proportion of all this sickness is preventable.

* * * * * * *

"System" says: "If your office is on the sixteenth floor of an office building, get off the eleventh or the twelfth and walk the remainder of the way every day for a few weeks before you start your vacation. Increase your walk by about two floors a day and then you will have 'wind' when you plunge into your two weeks of exercise on your annual vacation. "American business men do not understand dosage", it is further stated. "He takes too much work for too long a time and then swallows an equally overpowering play pill".

* * * * * * *

"Life and Health" suggests trying the following during this year:

(1) A cold or tepid bath followed by a brisk rub upon rising at a regular hour.
(2) Take sufficient time to dress and eat before assuming the day's duties.
(3) Dine regularly. Include one or two leafy vegetables, fruits or raw vegetable salads twice a day, and at least a pint of milk in the day's diet.
(4) Have regular time for daily evacuation of bowels.
(5) Drink six or eight glasses of water daily.
(6) Wear sufficient clothing to prevent loss of heat when exposed to cold. Allow freedom to permit circulation of blood to all parts.
(7) Take some brisk, vigorous outdoor exercise daily to stimulate the heart action and increase circulation.
(8) Get wholesome recreation and form a habit of thinking happy thoughts.
(9) Endeavor to maintain a good posture when sitting or standing. "God made man upright".
(10) Sleep eight to nine hours each night with the windows open.

* * * * * * *

"Clean Up—Paint Up" Campaigns are being conducted all over the United States and every good citizen should do his part in the campaign because it develops community spirit, makes clean streets, reduces fire loss, improves vacant ground, renovates public buildings, beautifies homes, makes a more healthy city, increases property value, advertises the city and helps business.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

The following letter from Postmaster Ross, of Jacksonville, will be of interest to all who send specimens of STOOLS or SPUTUM by mail for it APPLIES TO THESE AND THESE ONLY.

April 29th, 1924.

The State Board of Health,
Jacksonville, Fla.
Gentlemen:

Your inquiry of some time ago, with reference to inclosing a printed form, properly filled in, with bacteriological specimens when mailed as fourth class matter, will advise that this matter was referred to the Third Assistant Postmaster General for a ruling and we are today in receipt of the following information:

"In reply to your letter of the 18th instant, you are informed that the information to be written on the forms inclosed from the Florida State Board of Health, your city, which are to accompany bacteriological specimens, is regarded as "for purpose of description" and, therefore, under the provisions of section 458, P.L. & R., such forms constitute permissible inclosures with bacteriological specimens when prepared for mailing in the manner prescribed by section 473, P.L.&R., and prepaid at the fourth class rates of postage."

For your information, I am also quoting paragraph 5, section 458, P.L.&R. which has reference to permissible enclosures with fourth class matter:

"There may be inclosed with matter of the fourth class an invoice showing, in writing or printing, the name and address of the sender and of the addressee; the names and quantities of articles inclosed, together with inscriptions indicating, "for purpose of description," the price, style, stock number, size, and quality of the articles; the order or file number, date of order and date and manner of shipment; and initials or name of the salesman, or of the person by whom the articles were packed or checked."

Section 473, P.L.&R. refers to the admission to the mails of specimens of diseased tissues, and as you are now familiar with same I have not quoted this section.

Very truly yours,
H. E. ROSS, Postmaster,
By YANDELL O. BROWN,
Assistant Postmaster.

There has been no change in the required postage on the other containers.

Each mailing case bears notice of the amount of postage required and each of the slips also bear this information. All specimens should be fully prepaid to insure prompt delivery.

BUREAU OF DIAGNOSTIC LABORATORIES—(Continued).

When sending for biologics, or reports the telegrams MUST BE PREPAID and such wires or letters should always be sent to the Laboratory and not to the State Board of Health for the laboratory is open for a half day Sundays and holidays and we have our mail every day and if a letter is received Saturday afternoon directed to the laboratory the request is filled that afternoon while if it were directed to the State Board of Health it would reach us Monday, hence a delay of 48 hours in sending material requested.

* * * * *

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING APRIL, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	1187	399	15	184	99	1884
Diphtheria	203	79	15	49	11	357
Typhoid	177	177	19	17	21	411
Malaria	245	213	29	17	57	561
Rabies	20	10				30
Tuberculosis	233	104	37	28	12	414
Gonorrhoea	234	147	49	45	9	484
Syphilis	1564	397				1961
Water: Bact. Ex.		23		39	1	63
Water: NaCl Cont.				21	1	22
Milk Bact. Ex.	19	7	6	180	4	216
Milk Chem. Ex.	19	7	6	351	5	388
Miscellaneous	51	14	33		3	101
	3952	1577	209	931	223	6892

Specimen containers distributed 3901

BIOLOGICAL PRODUCTS SENT OUT DURING APRIL, 1924

Diphtheria antitoxin	10,000 Units	53
	5,000 Units	24
Schick's	100's&Controls	1037
Toxin antitoxin		2017 C.C.
Tetanus antitoxin	20,000 Units	6
	10,000 Units	22
	1,500 Units	224
Antimeningococcus serum		6 Cylinders
Typho Bacterin		1019 Packages
Vaccine Virus		3430 Points
Antirabic virus		23 Treatments

Physicians will find interesting reading on Page 93.

BUREAU OF CHILD WELFARE

Mrs. Laurie Jean Reid, R. N., Director

A TRIP WITH THE MOVIE TRUCK

The Movie Truck, which was recently purchased by the Florida State Board of Health, was detailed to the Bureau of Child Welfare and Public Health Nursing from April 14th to the end of the month for its first trip. A careful selection was made of the places to be visited in that it was our desire to test the value of the pictures in the various kinds of communities. Columbia and Suwannee were the two counties selected and the types of communities ranged from Live Oak, the county seat of Suwannee county, a town of five thousand inhabitants with two regular movie shows and other recreational attractions, to the country school, thirty-two miles from a railroad and with no immediate resident population, those coming to the school being from the farms, turpentine stills, collection camps or lumber mills in that particular school district.

Realizing the necessity of carrying everything incident to the successful showing of motion pictures, shades to darken the windows had been provided and the first school visited proved the wisdom of this preparation. Eight windows, through four of which the morning sun shone brightly, were quickly covered, the seating of the school room rearranged, and the first show was given at 9:30 A. M. to a group of twenty-eight curious men, women and children.

THE FIRST STOP—9:30 A. M.

The films shown were "Mosquito Control"; "The Error of Omission", a film on birth registration; and "Our Children", two reels which show the proper care of little children and the value of the Public Health Nurse. A short talk was given before the showing of

BUREAU OF CHILD WELFARE—(Continued).

each film and following the performance an impromptu conference was held at which the mothers present made many inquiries regarding the care of their children which evidenced a very thorough understanding of the pictures they had seen and a desire for further information. Literature was distributed and the State Board of Health activities explained.

By this time the movie man had collected all the working paraphernalia and the truck was ready to move on. A stop was made fourteen miles further on at a little village where we had dinner, then eighteen miles further to our second stop where the reels used in the morning were rewound and the next show was given at 2:00 P. M. This was in a district school building which was out in the woods. The school had not been used for many months, so it was necessary to sweep it out and carry all the seats from one room to another in order to arrange a theatre for our audience which arrived by all sorts of conveyances from mule back to automobile. The little school was full and we had a very interested and interesting audience. The morning procedure was duplicated at this showing and during the conference following special attention was paid to two little children whose mothers had brought them and asked for advice concerning their care; one an artificially fed baby of a few months and the other a runabout child who was sadly in need of immediate medical care.

THE SECOND STOP—2:00 P. M.

After the conference, which seemed to naturally follow the showing of the films, again we were obliged to hurry to make our third point in the county for the evening show, which was in a lumber camp. The school auditorium, with a seating capacity of three hundred was filled and the S. R. O. sign was needed. Literature bearing on the

BUREAU OF CHILD WELFARE—(Continued).

subject matter of the films shown was distributed and all inquiries answered. The actual showing of the films consumed approximately an hour and a half while the conference following lasted an equal length of time, if not longer, and eleven o'clock saw the truck put up for the night. The same could not be said, however, for the personnel of the truck, since films must needs be patched where necessary, looked over carefully and rewound, in order to be ready for an early start the next morning.

The remaining days of the week were a duplication of this first day on the road, except in some instances, where distances precluded a morning show. With each succeeding day's work we gained valuable experience in the best methods to be employed in giving the show the most convincing way. The first, and most important, lesson we learned was that no matter what conditions we find in the place where the show is to be given, it is expected by the audience that everything run smoothly and without a hitch. For this reason we continued to make notes of changes that must be made to insure a perfect performance with a maximum of comfort for the audience.

Because, for the most part, these country school buildings can only have ventilation from the windows and doors, which of necessity must be carefully covered to exclude the light during the performance, we early realized the necessity for a fan to be attached to the motor. A rearrangement of the truck so that the picture equipment be safe-

OUR SECOND AUDIENCE

guarded from jarring over the rough roads was obvious, also a generator that would carry the projection machine, string of lights and fan at the same time where needed.

BUREAU OF CHILD WELFARE—(Continued).

The speaker first tried making an explanatory talk along with the film; the next trial was giving a short talk after each film, but what seemed to be the most satisfactory way was to give a general talk before the film was started, stressing, of course, the subject matter of the films to be shown. The value of giving sufficient time for the impromptu conference which followed each showing cannot be overestimated and this should always be taken into consideration in the planning of time for a performance. You have your audience, and while the picture is fresh in their minds, sufficient time should be taken and personnel provided to give more definite information in individual cases where desired.

Original methods of publicity were used in connection with the advertising of the Movie Shows. Dodgers were printed and broadcasted over all territory adjacent to the town or community in which the showing was to be made. The truck operator utilized the morning hours of the days when there were no morning performances in distributing dodgers; placing them in all mail boxes along the route, tacking them to bulletin boards, placing them in churches, schools, stores and wherever the public congregated.

PART OF AN AFTERNOON AUDIENCE, 32 MILES FROM A RAILROAD

If a more convincing argument were needed regarding the reception of the health films than the size of the country audiences and their enthusiasm and interest, the performance at Live Oak might be cited. In spite of the fact that three political meetings were scheduled for the evening, these by common consent were postponed to give way to the State Board of Health films and although the two regular moving picture houses were giving performances, the school auditorium, with a seating capacity of five hundred, was filled to over flowing.

BUREAU OF COMMUNICABLE DISEASE

Theo. A. Blinn, M. D., Acting Director

(Continued from last month.)

WHAT THE MOTHER SHOULD DO

1. Take the sick child and its belongings into a darkened room, keep out all others, especially children, cats, dogs, flies, etc.
2. Keep the other children at home.
3. Send for the doctor.
4. Avoid the other children yourself until the doctor comes; and avoid handling any food for others, particularly milk.

WHAT THE DOCTOR SHOULD DO

1. Make the diagnosis, i. e., decide whether it is measles or not; and treat the patient.
2. Report to the Board of Health by phone, direct messenger, or post card at once.
3. Direct all the children to stay at home, but not with the patient, until the Board of Health investigates and decides what to do.
4. See to the proper nursing; and to the care of the mother as well as the child.

WHAT THE HEALTH OFFICER SHOULD DO

1. Visit the house; list all the persons in it; find whether or not any have had measles; exclude from school, Sunday school, parties, moving picture shows or any other meeting place of children, all who have not had measles.
2. If milk or butter is sold from the house to neighbors, make instant arrangements to see that infection of this milk becomes impossible. Visit the customers also.
3. Arrange to visit or have the attending physician visit the household daily, in order to examine the inmates for the detection of the first symptoms of any new cases and to see that isolation of the existing case is maintained.
4. Give certificates to all who have had measles permitting attendance at school, etc., (provided they do not see the patient, and provided they wash their face and hands immediately before leaving the house.)
5. See that no suffering or deprivation results to the family on account of the isolation necessary to protect the community. It is the community that benefits by this watchfulness, and the community should pay for it. Arrange freedom for wage earners, if possible.
6. Arrange for the milk man to pour his milk into a household receptacle for him; and forbid his entering the house or taking any bottles or any containers away with him.
7. Notify the principal of every school or Sunday school, etc., which any child from the house attends, of the exact condition of affairs, giving names of those who may attend school, etc., and of those excluded from school, etc.

BUREAU OF COMMUNICABLE DISEASE—(Continued).

8. By careful systematic inquiry, determine when the patient became infected (nine to ten days before the earliest symptoms) where the child was during that period; with whom the child associated, particularly its most intimate playmates.

9. Go to the playmates and examine them to detect any sign of existing or recent measles, not forgetting the adults of the same households.

10. Visit the school where the patient has attended and also the Sunday school class, if any; account for all absentees, and definitely determine (by examining every child) whether the school or Sunday school is harboring infected children.

11. List all the cases of measles thus discovered; isolate all infected persons; see if they have a common milk supply, or date for any particular party or any other entertainment.

12. REMEMBER, that doing this once, for one case of measles makes nothing but trouble, without progress in any direction; but doing it every time, for every case, means the total abolition of measles from the community.

13. REMEMBER, that the physician sees only a small fraction of the total cases of measles; and without systematic search for and discovery of every case, mild, unrecognized and concealed, mere placarding of the small percentage seen by physicians is almost useless.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying February, 1924 accounts	$16,160.81
March, 1924 Receipts	13,345.91
Total	$29,506.72

DISBURSEMENTS

March, 1924 Disbursements	$13,985.87
Balance	$15,520.85

DISBURSEMENTS FOR MARCH 1924, ITEMIZED

Administration	$2,728.54
Engineering	3,102.44
Laboratories	2,570.89
Child Welfare	157.60
Vital Statistics	1,851.89
Multigraph	110.00
Biologics	723.14
Communicable Disease	2,741.37
	$13,985.87

Local Registrars—Have you read Page 93?

NOTES FROM THE DISTRICTS

DISTRICT NO. 3 (Headquarters) TAMPA

H. E. Hitchcock, M. D., C. P. H., Dist. Health Officer

There were eighteen cases of smallpox of the twenty-one cases reported as smallpox.

Two hundred and fifty-two submitted to vaccination.

Forty-three school children were examined.

Three hundred and seventy-three pupils were Schick tested.

Eighty pupils were given toxin anti-toxin treatment.

Six typhoid cases were investigated.

Two submitted to anti-typhoid inoculation.

It is confidently expected that the testing of school children for diphtheria susceptibility, and their subsequent immunization to the disease will demonstrate to parents the simplicity and harmlessness of the measure for all ages and will lead to immunizing of all preschool children between the ages of six months and six years (without the Schick test), since diphtheria is much more fatal to these young children and they are nearly all susceptible.

DISTRICT NO. 5 (Headquarters) TALLAHASSEE

F. A. Brink, M. D., Dist. Health Officer.

The many problems of personal and public health were discussed in interviews with 107 persons in 15 communities of West Florida during the month of April. Seven schools were visited and twelve clinics attended, 825 people were examined. These were mostly children of school and preschool age.

Upon the invitation of the Apalachicola Women's Club the children of the public school and convent school were given physical examination. Much interest was shown and splendid cooperation given by the teachers, pupils, school authorities and club women. The latter are to do the follow-up work and a great deal of benefit to the children may be anticipated if they persist and get their dental work done, brush their teeth carefully as directed to do, and have such other corrections as were found advisable. Two hundred seventy-three children were Schick tested at Apalachicola upon the request of their parents and immunization to diphtheria started with full cooperation of the local physicians.

The children of today must bear the burden of the Nation's Welfare tomorrow. Every child has a right to be born and reared in healthy, happy surroundings.

Parents should make it their duty to study the problems of child rearing, because nature has not endowed them with the instincts possessed by the birds and the beasts. There are the problems of food, clothing, ventilation and home sanitation which must be approached intelligently if our precious children are to reach the highest possible degree of usefulness when they grow up.

A thorough overhauling by a careful and competent physician and a visit to the dentist once or twice a year will often prevent serious injury from minor defects if they are corrected promptly.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

WILL FLORIDA WIN?

An effort will be made this year to place Florida in the United States Registration Area for Births. For the past seven years the Model Vital Statistics Law has been in operation and the Bureau of Vital Statistics of the State Board of Health, has applied every method available to increase birth registration. The standard set by the Government, before a state is accepted into the Registration Area, is a record of ninety (90) per cent of all births that occur. Registration of births has been more complete in Florida every year since 1917. We believe with the continued hearty cooperation of the physicians and local registrars that the coveted goal will be reached this year.

During the year 1921 the Florida records were tested by the Bureau of the Census and we lost by a very small margin. This however, did not discourage us but simply increased our desire to win and with a fixed determination have continued the work of increasing birth registration.

The following table which was released for immediate use by the Department of Commerce, Bureau of the Census, Washington, shows the birth, death and infant mortality rates in the United States Registration Area for Births, and the death rates for Florida.

The infant Mortality Rate for Florida, according to State figures last year, was seventy-eight (78), representing the number of deaths of infants under one (1) year of age per one thousand (1,000) living births reported. You will note that the Infant Mortality Rate for the Registration Area during the same year was seventy-seven (77).

Ten states, according to the following table, show a higher Infant Mortality Rate than Florida, and in many states the colored population does not influence the rate as is the case in this State. The Infant Mortality Rate for the white population was sixty-five (65) last year as compared with a rate of one hundred and six (106) for the colored.

According to our records, the birth rate in Florida last year was twenty-two point two (22.2) per one thousand (1,000) population. You will note by the following table that this Birth rate is higher than for eighteen (18) out of twenty-nine (29) states now in the Birth Registration Area.

The provisional figures as published for 1923 by the Government indicate that the birth rate in the United States last year is twenty-two point two (22.2) per one thousand (1,000) population which is exactly the same as our record for Florida. With this good showing it is not a time to congratulate ourselves or loosen our grip just on the verge of success. The primary object in publishing the good news is to open the way for an appeal to the physicians, local registrars and parents to see that every baby born in Florida since January 1st, 1924 is promptly registered.

BUREAU OF VITAL STATISTICS (Continued)

Birth, death and infant mortality rates in the birth registration area: 1922 and 1923. The 1923 figures are provisional. Rates for Michigan and some rates for Massachusetts and Rhode Island have not been computed as some transcripts have not yet been received from these States. Birth and infant mortality rates are not shown for Florida, as Florida has not yet been accepted into the birth registration area.

AREA	Rate per 1,000 population					
	Births (exclusive of still-births)		Deaths (exclusive of still-births)		Deaths of infants under 1 year of age per 1,000 births	
	1923	1922	1923	1922	1923	1922
Birth Registration Area (ex. of Mass., Mich., & R.I. for both years	22.2	22.5	12.3	11.9	77	76
California	20.9	19.8	14.3	14.1	73	71
Connecticut	20.8	21.5	12.0	12.0	77	77
Delaware	19.7	20.6	14.0	13.2	104	100
Florida (1)	(1)	(1)	13.5	12.2	(1)	(1)
Illinois	19.4	20.0	12.0	11.3	82	76
Indiana	21.7	21.4	12.9	11.9	71	67
Kansas	21.7	21.6	11.0	10.6	63	65
Kentucky	25.4	25.4	11.6	10.8	72	69
Maine	22.4	22.6	15.0	14.7	89	86
Maryland	23.0	23.2	14.7	13.6	95	94
Massachusetts	(1)	22.1	13.0	12.8	(1)	81
Minnesota	22.5	23.1	10.1	9.5	62	58
Mississippi	23.8	24.3	11.4	10.8	68	68
Montana	17.1	18.3	7.9	8.6	71	70
Nebraska	22.0	23.5	9.3	9.4	56	57
New Hampshire	20.8	21.9	15.0	14.6	93	80
New Jersey	22.1	22.5	12.3	12.2	72	79
New York	21.2	21.6	13.0	13.0	72	77
North Carolina	30.0	30.9	11.6	11.6	82	80
Ohio	21.0	20.4	12.3	11.3	75	72
Oregon	18.1	18.4	10.9	11.5	57	58
Pennsylvania	23.9	23.8	13.2	12.3	90	88
Rhode Island	(1)	23.1	13.8	13.1	(1)	85
South Carolina	25.4	26.9	11.8	12.0	96	93
Utah	28.6	31.6	9.4	10.4	58	73
Vermont	20.8	21.3	15.2	14.7	76	73
Virginia	26.7	27.3	12.8	12.1	84	77
Washington	17.5	18.0	9.6	10.1	57	62
Wisconsin	21.3	21.4	10.7	10.1	71	71
Wyoming	23.2	25.1	10.3	9.3	80	79

(1) See headnote.

BUREAU OF VITAL STATISTICS (Cont.)

SAYS COST OF GOLF LESS THAN DOCTOR

As long as a man can swing a club and walk the necessary distance, golf is a healthy game for him, be he seventeen or seventy.

This is the opinion of A. T. Packard, a Chicago sports writer and a golfer past middle age, who writes in the May Hygeia a refutation of a certain British doctor's statement that it is dangerous to play golf after fifty.

Mr. Packard cites cases of many middle-aged men who were broken in health and ready to die when their doctors prescribed golf. Now most of them are hearty and hale, including himself who was one of the number.

Although golf is an expensive game, this sports writer says that he can play it more cheaply than he could formerly pay his doctor bills. His medical attention used to average $300 a year, until at the age of 43 he took up golf. Now he is well past fifty and has swelled his doctor's bank account by only $2 since he began to play.

* * * * * *

CHILD NEEDS NAP IN MIDDLE OF DAY

"Baby won't take his nap any more. I can't make him."

At all mothers who make this or equivalent statements Dr. John Lovett Morse, child specialist, is indignant. Says he in Hygeia, popular health journal, for May:

"Nothing exasperates me more than to have a large, able-bodied woman tell me that she cannot make her child stay in bed in the daytime. Every child can be made to rest, although of course he cannot be made to sleep."

The midday rest period should be kept up until the demands of school life make it impossible. Dr. Morse declares in his article on "The Overtrained Child." Children of the pre-school age should always be put to bed early; at best by six o'clock but always by seven.

* * * * * * *

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
26-017	Mr. H. B. Strickland	Route A, Tallahassee, Fla.
41-04	Mr. Franklin E. Reeder	Welaka, Fla.
44-217	Dr. D. H. Adams	Pace, Fla.
60-02	Mr. J. M. Ashman	Englewood, Fla.

* * * * * * *

FUNERAL DIRECTORS CONVENTION

The Twenty-ninth Annual Convention of the Florida Funeral Directors and Embalmers Association, held May 13th to 15th, in Miami, proved to be one of the most interesting and profitable sessions held by this Association for many years.

Mr. John J. Skillman succeeded Mr. W. H. Combs as president, and Mr. F. L. Miller of Sanford, was re-elected secretary.

The next convention will be held in St. Petersburg.

THESE ARE LITTLE THINGS—

BUT OH HOW IMPORTANT !

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 16 JULY, 1924 NO. 7

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

VACATION

With the advent of warm weather, first thought of all, regardless of social or financial condition, turns to vacation. Deep in the heart of everyone, old or young, rich or poor, is a longing to get away into a new environment and forget all worries and cares.

Not many people, however, have the persistence or the initiative to make proper use of their leisure or vacation hours. The proper use of the vacation or leisure hours is all important since these are the hours that equip a man to use wisely what the working hours bring him. They are the gold in the dross and are priceless if wisely used and at the proper time. The working hours develop a man's character, if his principles are good, while they increase his fortune, but they do not give him broad views of life, knowledge and love of the best things. These are the gifts and fruits of leisure hours, for the leisure hours constitute a man's educational opportunity. Too, a keener delight is derived from recreation or vacation taken when needed although probably not when most convenient. It is a mistake to postpone the pleasures and recreations of life until one has done his hard work; a mistake which a great many frugal and otherwise sensible people make. There are hosts of men and women working with might and main for the purpose of enjoying life when they have laid a solid foundation of fortune under their feet, acting upon the belief that it is possible to get the hard work done, to press it into a few years and then begin to live. This is a misleading belief which is only realized after a poignant awakening. The work of life is never done, in fact ought never to be done and he who postpones, indefinitely, the hours when he should enjoy life, postpones entirely the possibility of enjoying it. There is no more pitable sight than that of a man who has worked for years to acquire a fortune, depriving himself of the peasures of life, allowing himself no leisure and then discover when he has time and money to play, that he has lost the power of enjoyment. No man can exert his entire strength for years as well as his effort and permit himself to be entirely absorbed by his work, without suffering atrophy of the faculties of enjoyment. Proper leisure and vacation means hours—days—weeks spent in a condition completely divorced from everyday surroundings. It does not mean weeks of study in stuffy classrooms nor does it mean simply changing occupations. Complete relaxation together with keen enjoyment—that is what makes for real vacation.

"He makes the best living who keeps himself fresh by keeping his interests varied and he only can make a life who lives in every part of his nature. Enjoyment is as much a necessity as work; to find pleasure in life is as much a duty as to find profit and the only man who lives a wholesome, normal, successful life is he who combines pleasure and work, toil and recreation, from day to day, from beginning to the end. Pleasure is a duty which cannot be postponed."

—Outlook.

ADMINISTRATION—(Continued)

HERE AND THERE

The Orthopaedic Service of the State Board of Health which has been closed for nearly two years has been reopened, with Doctor F. L. Fort, formerly connected with the Shriner's Crippled Childrens' Hospital in Shreveport, Louisiana, in charge. Doctor Fort comes to Florida splendidly recommended and the State Board of Health is fortunate in securing his services. Doctor Fort will enter private practice in Jacksonville, specializing in orthopaedic work. The Orthopaedic Service of the State Board of Health will accept for treatment any crippled indigent child in the state who has not passed his or her sixteenth birthday. Application blanks and further detailed information may be secured on request by addressing the State Board of Health Orthopaedic Service, Jacksonville.

* * * * * * *

Dr. F. A. Brink, District Health Officer, in west Florida, has been promoted to the position of Director of the Bureau of Communicable Disease of the Florida State Board of Health, having assumed the duties of this office June 15th. Doctor Brink has served with the State Board of Health for over fourteen years and is admirably suited for the position of Director of the Communicable Disease Bureau. His work in Pensacola during the plague several years ago was most favorably commented on by officials of the United States Public Health who were detailed to Florida at that time and his experience in the epidemiological field commended.

* * * * * * *

The exhaust gas from an automobile or any internal combustion engine is dangerous. Because this is true these precautions should be observed:

1. Always open the garage door before starting the engine.
2. Do not allow the engine to run for any length of time in a close garage.
3. Do not work near the exhaust of a running automobile engine.
4. Special precautions as to ventilation are necessary when in garage pits.
5. When the exhaust is used for heating a closed car the system must be free from leaks.

The persons overcome by exhaust gases from automobile and gasoline engines should be removed to fresh air and artificial respiration performed until a physician arrives.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MAY, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	916	299	18	113	71	1417
Diphtheria	199	70	13	26	15	323
Typhoid	175	218	43	21	20	477
Malaria	280	235	39	26	63	643
Rabies	23	5	.....	.....	.....	28
Tuberculosis	252	111	28	17	13	421
Gonorrhoea	264	123	37	28	10	462
Syphilis	1663	501	.....	.....	.....	2164
Water Bacterial Exam	.....	.....	.....	6	.....	6
Water Chem. Exam.	.....	36	.....	.....	.....	36
Milk Bact. Exam.	3	1	7	147	8	166
Milk Chem. Exam.	3	1	7	299	5	315
Miscellaneous	37	16	.....	8	6	67
	3815	1616	192	691	211	6525

Specimen containers distributed during May, 1924 4409

BIOLOGICAL PRODUCTS SENT OUT DURING MAY, 1924

Diphtheria antitoxin	10,000 Units	60
	5,000 Units	21
Schick's		8 & Controls
Toxin antitoxin		858 C.C.
Tetanus antitoxin	20,000 Units	10
	10,000 Units	11
	1,500 Units	239
Antimeningococcus serum		9 Cylinders
Typho Bacterin		1075 Packages
Vaccine Virus		2401 Points
Antirabic virus		46 Treatments

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
8-04	Miss Margaret Morrison	Inverness, Fla.
12-027	Mr. Augustus Easton	Lansing, Fla.
20-07	Mr. L. H. Whitaker	Rt. 2, Box 49, Caryville, Fla.
21-01	Mr. J. E. Golson	Marianna, Fla.
22-107	Mr. C. L. McClellan	Waukeenah, Fla.
24-12	Miss Edythe M. Litzrodt	Clermont, Fla.
27-167	Mr. L. P. Smallwood	Gunntown, Fla.
46-03	Mr. J. M. Archibald	Center Hill, Fla.
47-087	Mr. C. W. Hughes	Dowling Park, Fla.
58-067	Mr. R. F. Norton	Ona, Fla.

BUREAU OF CHILD WELFARE

Mrs. Laurie Jean Reid, R. N., Director

With the rapid development of the state and the consequent increase in population, it should be the concern of all organizations interested in children to acquaint themselves with conditions of housing, care and feeding for children who for any reason are deprived of their own home. The following excerpts are taken from the paper read at the October meeting by Mrs. Robinson, assistant Director of the Judson Health Center, New York.

"HELPING THE NUTRITION OF THE NURSERY CHILD."

The nutrition of children in any day nursery ranges all the way from very good to very poor. The nursery superintendent has a doubly hard problem in maintaining a high standard of health because she can control the habits and environment of the children for only a part of the twenty-four hours, and any amount of good daytime care may be undone by poor care at night. Therefore if she is to attain full success in developing healthy bodies among her little people she must not only arrange so that her own nursery conditions are as nearly ideal as possible, but she must, in some way see to it that her work is not undone outside nursery hours.

The following are some of the means which may be used in securing for each child the best nutrition possible:

1. Weigh and measure the children regularly. Weigh them not oftener than once in two weeks, nor less than once a month, and measure them once in three months. Stripped weights are, of course the only accurate ones. Weights taken in clothing used to be interpreted, but it is the comparative weight over an extended period which is the significant thing. When weights are taken in clothing the clothing should be as nearly as possible of the same weight at each time.

The general trend of weight should follow the rate of expected gain for the child, as indicated in the tables which show the proper relation of weight to height as well as to age, and it is well to remember that even healthy children may have temporary losses. Children are very sensitive to emotional disturbances around them. When there is sickness or trouble at home even very little children will show it in their weight curves. Slight colds will cause losses. If you cannot account for the loss on ordinary grounds, watch the child's habits a little more carefully. Persistent failure to gain over four to six weeks, other conditions being satisfactory, should be reported to the nursery physician.

2. Have the children examined regularly and note defects.

3. Bend every energy to having defects corrected. The parents should be made to understand as fully as possible how serious bad teeth and tonsils are, but because of the burden which so many of the mothers are carrying, it will probably be necessary to help them if the corrections are actually to be made.

Scour your district in the hope of finding a clinic, or free or very

BUREAU OF CHILD WELFARE—(Continued).

low priced dentistry. Sometimes a generous dentist will give a little volunteer time, especially in the mornings, if urged. Sometimes a Sunday School class or a girl's club, if solicited, will contribute money for dentistry.

Defects other than bad teeth and tonsils should not be overlooked. Running ears can be cleared up, and cardiac cases require special care.

Then comes the question of how it is possible to extend the application of the health rules into the homes. Probably none of us expect to do so very fully, remembering that the mothers are usually tired, overworked and have scant conviction of the importance of these things. The only sure way to make progress in the health of the child is to have the mother as keen on the problem as possible, and if the nursery people who are doing so much for her little one cannot teach her, who can ?

At Judson Health Center we have been working during the past year particularly on the problem of educating the mothers. None of our methods are new, but they are worth reviewing. They include:

1. A mothers' class which meets once a week. The lessons are carefully planned but presented very informally, and the mothers feel free to discuss their own experiences. We sometimes serve refreshments, but even with these the meeting is for a lesson and not for a social gathering. We take the subjects out of our nursery experience. If, for instance, we have several cases of bad tonsils, the relation between that condition and ill-health forms the subject of a discussion.

2. One worker who gives part time—about three or four half days a week—to home visiting. She is never allowed to go out without some definite message bearing onthe health of the child in the particular family she is visiting.

3. A nursery attendant who collects the daily fee, records attendance and is commissioned with any special message needed. As she checks attendance she also checks her record of bowel movements on a special chart. The record is kept in such a way as to show movements had at the Nursery and at home. This daily emphasis seems to have impressed on the mothers the importance of this function and has secured their interest. The problem of constipation, so serious when we first opened, has been solved in this way.

One very important point to be remembered is to keep instruction very simple and specific. Still another thing is to be sure that the mothers know as fully as possible just what you are doing. The result will be a renewed interest from them and a more kindly reception for your suggestions as to home care.

To sum up: Good nutrition is really a state of perfect health. To secure it the child must have not only proper food, but freedom from physical defects, infections, and so forth, and all around good hygiene. The nursery alone cannot perform the whole task. To be fully successful the mothers interest and sense of responsibility must be aroused."—American Child Health Magazine.

BUREAU OF COMMUNICABLE DISEASE.

F. A. Brink, M. D., Director.

CLINICS FOR INFANTS AND CHILDREN.

To the Health Officer there are few things more interesting than making physical examination of children for the purpose of finding out and advising the parents what physical defects, diseases and infestations are reducing their vitality or efficiency.

This line of work occupied the major part of the time and attention of the health officer and nurses in West Florida during May.

Over eight hundred children of school and pre-school ages were examined in five communities, five clinics were held for white children and three for colored and the interest which was manifest in all the clinics is gratifying to the workers.

There are thousands of parents who are willing to do all in their power for the children but if the children are not really ill they hesitate to present them at the office of the family doctor and pay good money for a physical examination, and even then, a doctor is occasionally found who will not bother to examine a child unless he is sick. But once the health officer advises that the child is "skinny" because he does not receive proper food, that he is "lazy" because he has hookworms or that his "spells of sore throat" can be permanently cured by a simple throat operation, then those parents will go to almost any trouble or expense to cure the defect.

Of course there are always a few parents who have no intention of acting on the suggestions received at the clinic, but so many children do profit by the examinations that we believe the clinics well worth while.

BOTTLE BABIES MUST HAVE ORANGE JUICE.

Bottle babies should have their milk supplemented by orange juice, beginning at the age of one month.

This is the opinion of Dr. Victor C. Vaughan, nationally known writer on health subjects. who contributes an article on "One Less Danger for Explorers" to the July Hygeia. The conquest of scurvy has robbed exploration of one of its perils, but there are still infants who are affected by it because of a lack in their diet.

"An infant taking its nourishment from the breast of a properly fed, well nourished, healthy mother needs no extra antiscorbutic food," says Dr. Vaughn. "But the child fed on cow's milk should have orange juice. When this cannot be obtained, strained canned tomatoes will do."

At the age of one month, one teaspoonful of orange juice diluted with water and sweetened with sugar should be given daily, and the amount should be gradually increased until at three months of age the child receives two tablespoonfuls daily. If the child regurgitates the orange juice it may be rendered slightly less alkaline by the addition either of lime or sodium bicarbonate.

DISTRICT NO. 3 (Headquarters) Tampa.

H. E. Hitchcock, M. D., C. P. H., Dist. Health Officer.

GETTING THINGS DONE.

The typhoid history of C. traced back to January, 1924, revealed a certain family of "Antis" who undoubtedly had typhoid, but who had no physician or nurse.

Typhoid, case after case followed at incubation intervals in that little neighborhood; all pretty clearly contact cases.

Most of the people who were instructed by the health officer did their conscientious best to carry out instructions, but were handicapped by the over neighborly neighbors who persisted in visiting wherever there was contagious disease.

The sick chamber or a funeral seems to have a morbid facination for the less fortunate of the human family, and like flies they carry disease.

Presently, however, some of these less fortunate folks fell ill in turn, and their folks were hospitable as well as neighborly, so that quarantine and isolation measures were futile. They were obstinate and defiant, which eventually aroused the more intelligent residents to fight back.

Pressure was needed. The owners of rented property were warned to do away with the open privies and construct approved ones.

C. is the source of much bottled water of excellent quality. The water company was notified that a public warning would be necessary telling people of C. to boil their drinking water, unless the employers of the offenders could be induced to discharge them, and landlords persuaded to evict them, as they have come to be regarded as public nuisances.

DISTRICT NO. 4 (Headquarters) Gainesville.

W. A. Claxton, M. D., Dist. Health Officer.

The month of May was spent principally in examining school children in Suwannee and Madison counties. In Suwannee the children at Live Oak, Wellborn, Indian Springs School and the orphanage at Dowling Park were examined. In Madison county the pupils of the High School and Normal School at Madison, also the students at the Normal School at Enterprise were gone over. Altogether 779 pupils and teachers were examined.

It would be a good plan if all county superintendents should ask a representative of the State Board of Health to visit each normal school and Teachers' Institute to examine the teachers and talk to them, not only for the benefit to these teachers but to show them what a routine school examination means to their prospective pupils.

A baby clinic at Live Oak was attended and sixty-two babies examined.

The inmates at The Farm Colony at Gainesville were Schicked, 203 tests being made.

DISTRICT NO. 5 (Headquarters) Tallahassee.

F. A. Brink, M. D., Dist. Health Officer.

BAY COUNTY DIPHTHERIA WORK EFFECTIVE.

Dr. D. M. Adams, of Panama City, is authority for the statement that since the Schick testing of school children in Bay county there has been no case of diphtheria among children giving a negative Schick test, (which indicates immunity to diphtheria), or among children who took the immunizing doses of toxin-antitoxin.

A number of cases have been reported in children who were not tested and did not receive the immunizing treatment. Two cases have occurred in children who gave a positive Schick reaction and who refused the immunization. One of these was one of a family of five children, four of whom proved to be immune when tested. These four immunes remained well, did not contract the disease.

Some seven hundred of the Bay county school children were tested in January, 1923 and many of the younger children were immunized without the test.

If there is in Florida a better demonstration of the value of the new diphtheria preventive work, the State Board of Health wants to know of it.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying March, 1924 accounts	$15,520.85
April, 1924 Receipts	42,876.75
Total	$58,397.60

DISBURSEMENTS

April, 1924 Disbursements	$15,983.06
Balance	$42,414.54

DISBURSEMENTS FOR APRIL, 1924, ITEMIZED.

Administration	$2,783.84
Engineering	2,567.18
Laboratories	3,338.07
Child Welfare	488.27
Vital Statistics	2,709.39
Multigraph	181.78
Biologics	1,479.62
Communicable Disease	2,434.91
	$15,983.06

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer.

SWIMMING POOL AND BATHING PLACE SANITATION.

Florida was the second state in the Union to enact a statute to regulate the sanitation of swimming pools and bathing places. Since the enactment of the Florida law ten other states have enacted similar laws, many of which were patterned after the Florida law.

The writer as chairman of the Committee of Bathing Places of the American Public Health Association has had a splendid opportunity to give the subject of bathing place sanitation considerable study, and after six years experience in the work has compiled a few simple regulations which have been incorporated in the Rules and Regulations of the Florida State Board of Health.

That bathing place sanitation as a public health problem cannot be questioned. An inquiry addressed to more than 1200 eye, ear, nose and throat specialists, health officers and practitioners throughout the country has produced an abundance of evidence indicating the bathing place as a means of transmitting especially those infections peculiar to the respiratory system.

If the average bather would exercise a grain of common sense the incidence of those infections attributed to bathing would be decreased perceptibly in a short space of time. One specialist in eye, ear, nose and throat work has informed the writer that his business picks up decidedly with the opening of the bathing season in May. Most of this is due to carelessness on the part of the bather.

One of the greatest dangers confronting the bather is that of remaining in the water too long. Too long immersion brings about a

A SWIMMING POOL AT MIAMI BEACH

BUREAU OF SANITARY ENGINEERING—(Continued).

lowering of the body temperature and resistance. NO ONE SHOULD REMAIN IN BATHING WATER LONGER THAN FORTY MINUTES, AND PREFERABLY THIRTY. Those familiar with bathing place operation know how long some bathers remain in the water, especially small children; some children will enter the water in the morning and remain all day. THIS IS DANGEROUS AND PARENTS SHOULD INSTRUCT THEIR CHILDREN.

The ears should be protected during the bathing period. Water pressure against the ear and water in the ear is DANGEROUS. The inner ear was never meant to receive water. If bathers will use the bathing cap, or insert a vaseline saturated cotton plug in the ear much of the ear trouble can be eliminated entirely.

Observing the two precautions just enumerated will improve greatly bathing place sanitation.

Bathing pool water should be clear, clean and free from algae growth at all times. Algae growths have a tendency to make the side walls slippery and slime covered. The water should be sufficiently clear at all times to see the bottom clearly. Pool water temperature should be around 70 F.

Bathers should be cognizant of rules for the operation of bathing places. At all times the bather should realize that the health and welfare of others are involved as well as their own. Bathers should be clean before entering any bathing pool; a pool is not a bath tub, although many accept it as such. Practically all bathing places are equipped with shower bath facilities; these should be used and every bather take a SOAP AND WATER shower before entering the pool water. It is difficult to enforce such a regulation as this in a PUBLIC pool, however by education and persuasion it might soon be possible to impress upon people the need for such regulation.

The areaway surrounding the pool should always be reserved for bathers; no spectators or attendants wearing shoes should be permitted access to this areaway. Reserving the areaway to bathers will prevent the contamination of poolwater with street dirt and other filth ordinarily carried on ones shoes.

Public bath houses renting suits must rent suits which are laundered thoroughly and dried. No bather should ever accept for rental a suit which is wet. DANGEROUS CONTAMINATION MIGHT BE LEFT IN A WET SUIT. Examine bathing suits carefully before accepting them—see that they are laundered well and dry. If in doubt, inquire how suits are washed and handled. What pertains to suits, likewise pertains to towels.

No one should go swimming immediately after eating. Wait about two hours at least.

Do not swim while overheated; wait until you are cooled off. Avoid cramps,

Do not attempt to dive in shallow water; be sure of water depth.

If you have a cold, are recuperating from disease, or have recently had a communicable disease do not go swimming.

BUREAU OF SANITARY ENGINEERING—(Continued).

WATER SUPPLY PROGRESS.

Probably at no time in the history of Florida has there been displayed by her municipalities a keener interest in the development of future public water supplies. Because of the rapid development of cities and towns with its incident increase in water demands, much activity is being noted in this field of sanitary engineering. During the past four months the Bureau of Engineering has been engaged in many studies for Florida cities and towns.

Bradentown, Sarasota, St. Petersburg, Tampa, Lakeland, Miami, Jacksonville, West Palm Beach, Cocoa, Melbourne and St. Augustine have all been engaged in studying their water supply problems. At Orlando the water purification plant is perfecting its operation schedule.

The cooperative mineralogical water survey of Florida waters conducted jointly by the State Board of Health and the U. S. Geological Survey is repidly coming to an end. Never in the state's history has such an exhaustive, complete analytical survey been made and when finally published will furnish a valuable compendium of water supply information.

Recently, at the Bureau's request, many cities have accepted the monthly water analyses plan developed by the Bureau. Those cities accepting the plan have purchased their own water sample shipping cases, equipped with sample bottles and once per month will ship the Bureau samples of their public supply for examination. Such a plan will enable the State Board of Health to maintain a closer, more careful watch on the water utility and further will enable the citizens and officials of the community to know at all times something concerning the purity of their waters. Those cities and towns which are cooperating with the State Board of Health in this undertaking are:

Lake City,	Clearwater,	Bradentown.
Ft. Lauderdale,	Ft. Myers,	St. Augustine,
Fernandina,	Winter Park,	Lake Worth,
Palatka,	Winter Haven,	Live Oak,
Vero,	Lakeland,	St. Petersburg,
DeLand,	Mount Dora,	Titusville,
Moore Haven,	Ocala,	

People would have better health if they would remember that their stomach is a work room, and not a play house.—Hygeia.

To make the statement, "That delay is dangerous" when referring to the filing of a birth certificate is stating the matter mildly. The people of a state represent its strongest and most valuable asset, and every individual birth certificate is the official legal record of each individual composing this asset.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DELAY IS DANGEROUS.

The official date has been set. August 1st, the special agents from the Bureau of the Census, will be here and test the completeness of birth registration.

It is hoped that those who are responsible for filing records in this State, will not delay the filing of a single birth certificate. Delay is dangerous as birth certificates must all be filed with the Bureau of Vital Statistics in Jacksonville, **before** the test is begun, in order to be credited in the final count. There is an important responsibility resting on those responsible for the filing of birth certificates. If the test shows that **less** than ninety (90) per cent of the births occurring in the State are registered, the 1924 birth records will never be published as official records in the United States, and Florida will be set back at least two years in the march of progress.

The following graph indicates the number of births registered in Florida by years, 1917 to 1923 inclusive, and should encourage those physicians, local registrars, midwives and others who have so faithfully looked after the important duty of filing original birth certificates for babies born in this State. You will note a total of seventeen thousand nine hundred and twenty-one (17,921) births registered in 1917 as compared with a total of twenty-three thousand two hundred and twenty-one (23,221) for the babies born alive in 1923. This consistent and steady increase of birth registration is very gratifying, and it would certainly be a great disappointment to find that a few individuals in the State had been careless in the filing of birth certificates and thus deprive the State of Florida, official recognition among those states now in the Birth Registration Area of the United States.

BUREAU OF VITAL STATISTICS (Cont.)

Number of Births, Deaths and Non-Resident Deaths for April, 1924 as compared with April, 1923.

	COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
0.	State	1459	1691	1132	1099	101	104
1.	Alachua	33	54	36	40	3	1
2.	Baker	9	12	6	4	1	.....
3.	Bay	17	17	13	8	.....	.....
4.	Bradford	11	14	5	9	.....	.....
5.	Brevard	20	17	17	17	2	1
6.	Broward	20	15	14	2	.....	.....
7.	Calhoun	12	13	2	2	.....	.....
55.	Charlotte	9	2	2	2	.....	.....
8.	Citrus	4	4	1	1	.....	.....
9.	Clay	2	17	3	10	.....	1
62.	Collier	1	.....	1	.....	.....	.....
10.	Columbia	30	34	9	17	4	.....
11.	Dade	110	106	96	63	12	12
12.	DeSoto	15	14	5	7	.....	.....
56.	Dixie	.....	2	.....	.....	.....	.....
13.	Duval	153	202	182	160	32	28
14.	Escambia	58	66	55	40	1	1
53.	Flagler	4	1	.....	1	.....	.....
15.	Franklin	4	5	.....	5	.....	.....
16.	Gadsden	34	40	42	43	14	17
57.	Glades	4	4	1	.....	.....	.....
17.	Hamilton	18	11	2	2	.....	.....
58.	Hardee	4	15	3	1	.....	1
63.	Hendry	3	.....	.....	.....	.....	.....
18.	Hernando	3	14	5	3	.....	.....
59.	Highlands	12	9	4	.....	.....	.....
19.	Hillsboro	175	156	104	105	24	16
20.	Holmes	18	16	7	7	.....	.....
21.	Jackson	33	60	20	29	.....	.....
22.	Jefferson	21	31	14	20	.....	.....
23.	Lafayette	4	7	2	9	.....	.....
24.	Lake	22	26	10	26	.....	2
25.	Lee	11	8	14	5	1	1
26.	Leon	15	23	6	15	.....	.....
27.	Levy	9	15	10	8	.....	.....
28.	Liberty	7	14	3	4	.....	.....
29.	Madison	16	17	9	17	.....	.....
30.	Manatee	17	20	17	16	.....	2
31.	Marion	27	41	19	38	.....	2
32.	Monroe	17	21	19	19	1	.....
33.	Nassau	7	15	3	7	.....	.....
34.	Okaloosa	22	18	7	4	.....	.....
54.	Okeechobee	3	5	.....	1	.....	.....
35.	Orange	39	42	37	39	9	11
36.	Osceola	7	13	15	9	1	.....
37.	Palm Beach	27	37	28	34	9	8
38.	Pasco	10	12	14	11	.....	.....

BUREAU OF VITAL STATISTICS (Cont.)

		BIRTHS		DEATHS		NON-RESIDENT	
		1924	1923	1924	1923	1924	1923
39.	Pinellas	55	49	65	43	28	22
40.	Polk	82	79	47	52	3	3
41.	Putnam	14	22	14	15	.....	.....
42.	St. Johns	17	31	20	27	2	6
43.	St. Lucie	25	23	8	14	.....	.....
44.	Santa Rosa	25	16	8	10	.....	.....
60.	Sarasota	3	8	2	8	.....	2
45.	Seminole	18	19	21	12	1	.....
46.	Sumter	8	10	4	6	.....	.....
47.	Suwannee	19	32	11	9	.....	.....
48.	Taylor	12	16	6	1	.....	.....
61.	Union	.....	9	2	1	.....	.....
49.	Volusia	32	45	43	28	1	2
50.	Wakulla	8	7	6	3	.....	1
51.	Walton	18	18	3	5	.....	.....
52.	Washington	26	22	10	5	.....	.....

Number of Deaths from Certain Causes for the Month of April, 1924 as compared with April, 1923.

Diseases	1924			1923		
	Total	White	Colored	Total	White	Colored
Typhoid Fever	9	5	4	18	13	5
Malaria	2	1	1	11	2	9
Measles	25	14	11	4	1	3
Scarlet Fever	1	1	.....	.....	.....	.....
Whooping Cough	17	10	7	5	3	2
Diphtheria and Croup	7	5	2	2	1	1
Inffuenza	11	6	5	16	6	10
Dysentery	6	5	1	9	6	3
Tetanus	6	3	3	3	2	1
Tuberculosis	102	42	60	83	41	42
Cancer	40	35	5	61	47	14
Pellagra	6	5	1	9	3	6
Diabetes	8	5	3	7	5	2
Cerebral Hemorrhage Apoplexy	82	59	23	60	41	19
Chronc Heart Disease	132	90	42	143	100	43
Diseaseof the Arteries	1	.....	1	11	10	1
Pneumonia	79	48	31	59	35	24
Diarrhoea andEnteritis (under 2 years)	19	9	10	42	30	12
Diarrhoea and Enteritis (2 years and over)	13	9	4	16	12	4
Chronic Nephritis	65	39	26	68	45	23
Total Puerperal State	19	8	11	16	8	8
Diseases of Early Infancy	56	39	17	36	23	13
Senility	32	13	19	34	17	17
Suicides	3	3	.....	9	9	.....
Homicides	28	6	22	17	5	12
Accidenal Drowning	5	3	2	10	7	3
Railroad Accidents	1	.....	1	8	6	2
Accidents by Firearms	14	4	10	4	2	2
Automobile Accidents	17	12	5	10	9	1

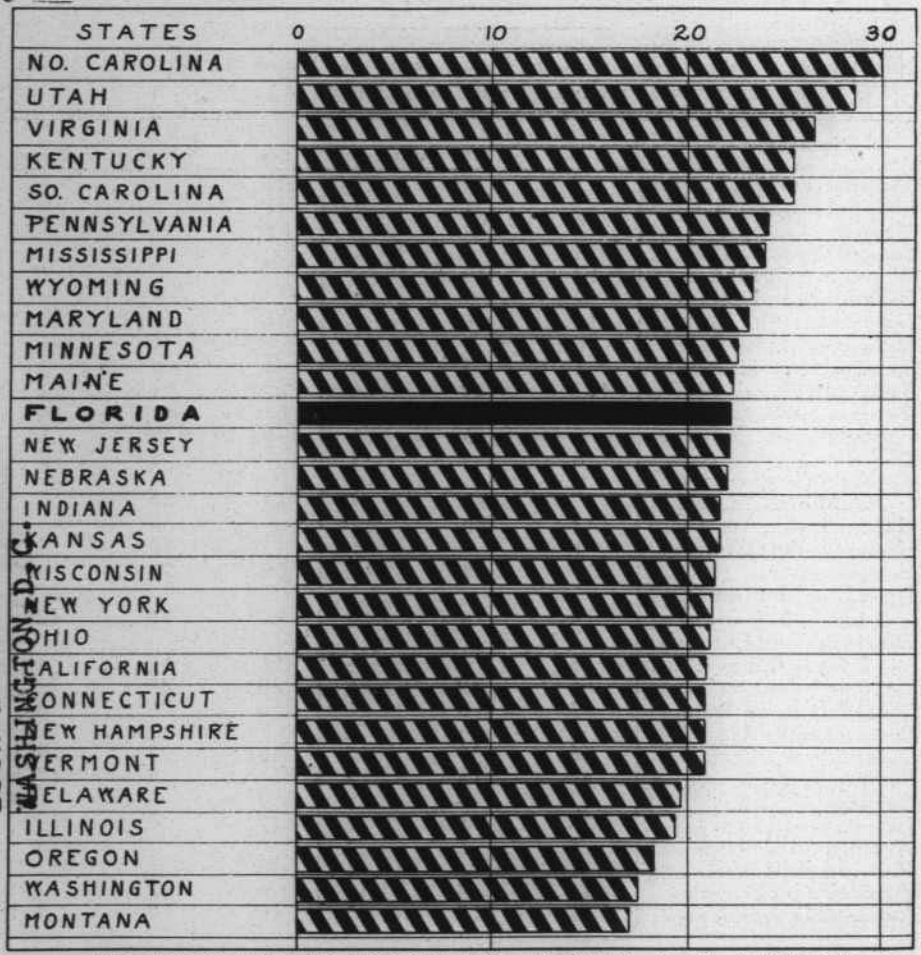
BUREAU OF VITAL STATISTICS (Cont.)

The graph shown below indicates Birth Rates per one thousand (1,000) Population in the Birth Registration Area of the United States, except Massachusetts, Michigan and Rhode Island and also shows the state rate for Florida.

It is with keen interest that we draw near the time of this official birth registration test and we solicit the hearty cooperation of all the physicians, local registrars, midwives and others who are responsible for the filing of birth certificates. While the outlook at the present time is very bright, delay in the filing of a birth certificate is dangerous and possibly that very certificate would tip the scales in the wrong direction when the final count of this official test is completed.

We appeal to you for cooperation. Please go over your records once more to make sure every birth you have attended since January of this year has been registered.

BIRTH RATES PER 1000 POPULATION 1923



STATE RATE FOR FLORIDA AND PROVISIONAL RATES BY BUREAU OF THE CENSUS, AREA FOR BIRTH REGISTRATION OF THE U.S. (EX- MASS., MICH. AND R.I.)

HUMAN LIFE IS THE STATE'S GREATEST ASSET

HEALTH NOTES

OFFICIAL BULLETIN

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STATE BOARD OF HEALTH

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VOL. 16 AUGUST, 1924 NO. 8

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

SUMMER DIET.

During the warm summer months, a little careful consideration given to the diet—proper things and quantities to eat will add much to personal comfort.

It seems to be second nature when warm to "cool off" by drinking ice water to excess and eating ice cream. Queer as it may seem, this has exactly the opposite effect from that anticipated. Aside from shocking the system, continuous drinking of ice water during the warm summer days incites profuse perspiration which results in exhaustion.

The habit of eating ice cream to keep cool is a bad one and should be discouraged since it would be hard to select another food with higher value than good ice cream. Good ice cream is wholesome, nutritious food but should not be eaten to excess during the summer months.

Summer also seems to be open season for candy of all kinds. This is most disastrous since candy is so nearly pure sugar, that is, the proper kind of candy, that its heat energy, caloric value, is almost as high as that of pure sugar. It is also one of the foods which ferment and cause intestinal toxemia.

Meat should be indulged in lightly during the summer months but, contrary to common belief, should not be eliminated altogether especially in the diet of the hard worker. Moderate quantities of fish, meat and eggs should be eaten every day.

The real need in the summer diet, and in the winter diet, too, for that matter, is for more vegetables and green stuffs and milk, in a well balanced meal. A common mistake in the majority of households is the construction of improperly balanced menus. As a matter of fact, few housewives have the opportunity of learning what constitutes a well valanced menu. For an ordinary dinner, they will probably choose a meat, three or four kinds of starchy foods, possibly one vegetable and perhaps a dessert which will be a starchy pudding. A poorly arranged diet at any time of the year will lead to fermentation with irritation of the digestive linings, constipation, clogging of the actual tissues of the body resulting in colds, unsightly complexion, pimples, headaches, etc., together with overwork for the kidneys and the skin, two of the cleansing channels of the body.

The method of fumigation formerly employed after infectious and contagious diseases is gradually falling into discard. Health authorities find that thorough cleaning is more effective than fumigants in preventing the spread of disease. Along with cleaning should be included painting and varnishing. Soap, hot water, air and sunshine are excellent disinfectants. If the cleaning is well done and the house opened so that air and sunshine are freely admitted, most of the germs will die.

ADMINISTRATION—(Continued)

ADMIRATION IS BEST THING FOR GRAY HAIR.

The best thing to do for gray hair is to admire it.

So says Hygeia, popular health magazine, in its July issue in an article "To Dye or Not to Dye" by Dr. Arthur J. Cramp. Nothing will check the occurrence of gray hair, and all devices for that purpose are useless, it declares.

Dr. Cramp, in his article, considers ten hair dyes now on the market and shows by chemical analysis that each one of them contains harmful and dangerous ingredients.

These dyes are: Mrs. Potter's Walnut Tint Hair Stain, Eau Sublime, Mrs. S. A. Allen's World's Hair Color Restorer, Barbo Compound, Kolor-Bak, La Creole Hair Dressing, Q-Ban Hair Color Restorer, Wyeth's Sage and Sulphur Compound, Farr's Gray Hair Restorer and Mary T. Goldman's Gray Hair Restorer.

Each of these hair dyes contains one of three dangerous drugs—lead, silver nitrate or an anilin derivative. Although it would be foolish to say that every person using a hair dye will suffer from systemic poisoning, Dr. Cramp declares, it is strictly within the truth to say that any one using a dye containing one of these three drugs may be so affected.

Some skins are extremely sensitive; others withstand a good deal of abuse. Much also depends upon the method of applying the dye.

* * * * * * *

FIRST AID METHODS FOR ELECTRIC SHOCK.

What to Do in Accidents with Live Wire.

What to do in case of electric shock is a first aid procedure every one should know. Here are some rules given in the July Hygeia by a representative of the National Electric Light Association.

Get the victim clear from the current, either by shutting off the current, or pulling him away with the aid of rubber gloves, dry clothing, or sticks of wood. These serve as non-conductors. If it is necessary to cut the wire, a hatchet or implement with a wooden handle should be used and the operator should turn his face away to avoid the flash.

Lay the patient face downward, with one arm up and the other supporting his face so that the mouth and nose are free for breathing.

Artificial respiration should be begun at once, while an assistant loosens the clothing necessary, holds ammonia to the victim's nose and keeps him as warm as possible. If the victim must be moved, this should be done while he is in a reclining position. After the patient resumes breathing, he should be watched carefully, and if he stops, artificial respiration should be resumed.

The prone pressure method is the best one to use—that in which the man applying first aid straddles the patient and presses with both hands on the small of the victim's back, releasing the pressure rhythmically every two or three seconds, imitating his own breathing as much as possible.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JUNE, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	783	177	19	84	50	1113
Diphtheria	119	53	7	21	10	210
Typhoid	239	236	19	30	24	548
Malaria	345	278	24	30	94	771
Rabies	23	10	.....	.....	1	34
Tuberculosis	183	97	12	16	14	322
Gonorrhoea	218	120	32	30	11	411
Syphilis	1519	368	.....	.....	.....	1887
Water Bact. Exam.	4	33	.....	52	.....	89
Water Chem. Exam.	.....	.....	.....	.....	2	2
Milk Bact. Exam.	21	.....	4	193	7	225
Milk Chem. Exam.	21	.....	4	263	7	295
Miscellaneous	49	19	4	.....	1	73
	3524	1391	125	719	221	5980

Specimen Containers Distributed During June, 1924 4355

BIOLOGICAL PRODUCTS SENT OUT DURING JUNE, 1924

Diphtheria antitoxin	10,000 Units	59	
	5,000 Units	31	
Tetanus antitoxin	20,000 Units	22	
	10,000 Units	30	
	1,500 Units	327	
Antimeningococcus serum		10	Cylinders
Typho Bacterin		2262	Packages
Vaccine Virus		1660	Points
Antirabic virus		39	Treatments
Toxin antitoxin		192	c.c.
Schick's	100s	1	& Control

HERE AND THERE

Dr. W. S. Nichols, Director of the Montgomery County Health Unit, Clarksville, Tenn., has been engaged as District Health Officer in district number four, to fill a vacancy, caused by the transfer of Dr. W. A. Claxton. His headquarters will be at Gainesville and he will assume his duties about September fifteenth.

* * * * * * *

Dr. W. A. Claxton, District Health Officer of the State Board of Health has been transferred to district number five with headquarters in Tallahassee.

BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING.

Mrs. Laurie Jean Reid, R. N., Director

THIS IS SOUND MENTAL HYGIENE.

Too much of the effort exerted along lines of mental hygiene has, necessarily, to do with effects rather than causes. This is due to the comparative newness of all mental hygiene work and the very complicated structure of the entire field. It is doubtful if, in any public health activity, early action in prevention counts for more than it does in mental hygiene. The time to prevent mental abnormalities is in early childhood and the parents' part in this important service constitutes a great responsibility. Dr. Lawson G. Lowrey, director of the Child Guidance Clinic of the University of Minnesota has written a clear, comprehensive statement of the parents' part in child training. He says:

"Do I cause my child to disobey by:
Uttering useless or unreasonable commands?
Contradicting my own commands?
Threatening him (and never carrying out the threat)?
Stopping everything he starts to do?
Always refusing his requests, even though they are reasonable?
Paying no attention to what he does until it interferes with my comfort?
Promising and failing to keep my promise?
Making him want to disobey because of the excitement it creates?
Evading my own duties and responsibilities?
Constantly expecting disobedience?
Quarreling with him over trivial matters?
Failing to make him understand?

ALWAYS PARENTS' FAULT.

Disobedience is always the parents' fault. It means a failure to yield to authority, yet children are ordinarily quite willing to accept authority; indeed, some are even too eager. Many times the parents feel that the child must yield to them, but never see that their demands are absurd and unreasonable and would not be tolerated by themselves. Many people destroy obedience by issuing a whole series of confusing, often contradictory commands, which they are quite unable to follow up, or even to remember. Then when an important matter comes up, one such that obedience by the child is absolutely necessary, the child has no way of distinguishing this from the thousand unimportant matters with which he is harassed.

Trouble results. Often he is then severely and unfairly punished. So he justly concludes he might as well continue to do as he pleases, since his own rights are never considered.

BUREAU OF CHILD WELFARE—(Continued).

Some children always get "no" for an answer to requests. They are stopped from doing anything they start, even though it be of great importance to them. They are hedged in by constant restriction from everything which their need for play and activity prompts. Surely they are not at fault when disobedience occurs.

SHOULD SET GOOD EXAMPLE.

The example of the parent should be clean and square. Care should be taken that the child understands just what is wanted. Obedience should be expected in attitude and in speech. Care should be taken not to interrupt an activity important to the child for a matter trivial even to the adult. So far as possible, time should be given to finish an activity and warning given ahead of the time. Infancy is the golden period for getting up almost automatic habits of obedience such that no later difficulties occur. Do not expect that you can permit a small child to do as it pleases and that "he will outgrow it later." Of such material are "incorrigible" children made.

It is unnecessary and most undesirable to obtain obedience by fear. Threats which are horrible lead to contempt or a fear capable of causing serious mental difficulties. Love, faith, coolness and care in enforcing your worthwhile demands and having no others will turn the trick.

ABOVE ALL BE FAIR.

Above all, be perfectly fair and just—if you do, you will frequently scold yourself.

A girl of 10 is called "incorrigible." She is of average intelligence and physical development. Adopted in infancy, she had the indulgent treatment so frequently given only children by nervous mothers, with the result that she became arrogant, restless and finally disobedient. When she started to school, her behaviour became worse, as is usually the case with over-indulged children who have no habit-patterns for social adjustment. Her problem became distressing to the foster-mother, who found herself unable to cope with the problems of a growing child. Ever since the child was 8, the mother had tried to have her "sent away." She has nagged and fussed at the child; tried all sorts of punishments, some of great severity, all without effect. To explain the behaviour, we find only the faulty handling of the parents. They have what they have made and now are unable or unwilling to face the problem fairly and squarely."

BUREAU OF COMMUNICABLE DISEASE.

F. A. Brink, M. D., Director.

LOCAL HEALTH AGENCIES—THE COUNTY UNIT.

It is possible for representatives of the State Board of Health to make periodical visits to the various counties and communities of the state for the purpose of handling or assisting with particular public health problems. Many communities, particularly the smaller and more remote from established lines of travel, are visited infrequently, or perhaps not at all.

Certain health problems can best be solved by an official who, by reason of being close at hand has earlier and more intimate knowledge of the situation and who, having a smaller territory in which to work, can undertake more intensive and more consistent work—work that is often more effective because of the fact that harmful conditions may be dealt with in their beginning or prevented altogether.

There is a growing tendency to designate a county or small group of counties as a health unit with authority to appropriate funds and employ persons with which to do health work.

The State Board of Health is favorable to the establishment of such units in Florida, but, unfortunately there is no law permitting county commissioners to appropriate funds for health work. It would seem appropriate and is earnestly desired that such a law be enacted by the next legislature. Pending the passage of such a law only incorporated cities and towns can employ health officials to be paid out of public funds.

Suggestions as to the organization and activity of local health boards and health units have been prepared in the Bureau of Communicable Diseases for distribution to interested persons. No attempt has been made to go into the minute details because each community must work out in conformity with its own ideas and problems.

The State Board of Health, through its several bureaus and field workers, will, from time to time as occasion arises, assist with local health problems and the elimination of conditions that constitute a menace to the community, but the daily tasks necessary for the preservation of the best interest of the people should be performed by local agents.

Everyone that goes thoroughly into the study of public health problems must realize that adequate safeguarding of health entails the expenditure of effort and money, and that we must think less about what it costs to have a health organization and more about what it has cost and would cost to do without it.

FEET NEED REST.

Rest of overworked feet, as a means of relieving distress oftentimes blamed on faultless shoes, is very commonly overlooked. Overloading the feet or overuse of them soon after an illness, too long walks or walking on rough ground, all may cause distress that no shoe can cure and only rest can relieve.—Hygeia.

NOTES FROM THE DISTRICTS.

DISTRICT NO 4 (Headquarters) Gainesville.

W. A. Claxton, M. D., Dist. Health Officer.

In the interval between the closing of the spring schools and the opening of the summer schools, visits were made to most of the counties in the District. Conferences were held with the school superintendents, local health officers and others interested in public health work.

One hundred and ninety-one physical examinations were made on school children. Thirty-two physical examinations were made on men enlisting for military service in the Florida National Guard. One hundred and twenty typhoid inoculations and twenty-eight smallpox vaccinations were done on members of the National Guard.

Two large lumber camps in Florida furnish valuable information as to the value of camp sanitation. These camps are operated by the same company and supervised by the same physician. In one fly-privies are installed, garbage is properly disposed of and the grounds around the quarters are kept free from debris. IN THIS CAMP NOT ONE CASE OF BOWEL TROUBLE OR DYSENTERY HAS OCCURRED THIS YEAR.

In the other camp these sanitary measures have not yet been put in operation; already this year 200 CASES OF BOWEL TROUBLE HAVE BEEN REPORTED. Can one doubt the value of the proper care and disposal of garbage and excreta.

In another camp:—Among 110 people living in properly screened houses only one case of malaria developed last year. Among 140 people living in the same camp in unscreened houses, 115 cases of malaria developed during the same period of time.

In the face of these statistics why should it be necessary for physicians and sanitary officers to have to argue at great length to convince people of the value of proper measures for the control of disease-carrying insects?

DISTRICT NO. 2.

D. C. R. Weirich, D. H. O., Ft. Lauderdale.

The personnel of this district confined their activities to clinics of pre-school and school children of St. Lucie county, with some outside examination of school pupils in Brevard and West Palm Beach counties for May and June.

Careful examination of each child was made and a general follow up of all cases designated as defective was attended to by the nurses.

Sixteen pre-school clinics were held with a total number examined of three eighty-seven and advice was given to the parent of any abnormality found.

In the school clinics fourteen hundred twenty pupils were examined.

Forty-three communities were visited covering Brevard, St. Lucie, West Palm Beach, Broward, Dade, and Okeechobee counties.

Twenty-eight health talks were given before the school, clubs, parent teacher's association, and woman's clubs.

BUREAU OF SANITARY ENGINEERING.

George W. Simons, Jr., S. B., Chief Engineer.

SANITARY INSPECTION.

The Bureau of Engineering had its full complement of District Sanitary Officers during April; since then a work characterized by its effectiveness, its comprehensive scope and efficiency has been demonstrated. To give one an idea what the various District Sanitary Inspectors are doing, how they carry on their work and what is being accomplished the monthly report for June is attached.

In addition to the general routine work inspectors are frequently detailed to special duty such as malaria surveys, typhoid epidemiological work, mosquito control work. During April, for instance, two inspectors (Osborn and Holloway) were detailed to Citrus County to collect data relative to the prevalence of malaria and other information incidental thereto. This information will form the basis of a plan to be prepared and submitted to several agencies in Citrus County desirous of doing intensive mosquito and malaria control work. Later, it is planned to send the mobile unit of the Board into this section for work.

Other interesting bit of work accomplished by our east coast inspector, Lynch, was that among the Seminole Indians near Ft. Lauderdale, in cooperation with Mrs. Adams, County Welfare Nurse. When Mr. Lynch entered his work on the lower east coast he soon encountered the Seminole camp at the western edge of Ft. Lauderdale. He found a great many Indians living here under distressingly filthy conditions. No toilets, no water supply other than a hole in the ground, receiving drainage from the surrounding terrain. Mr. Lynch set to work at first on city officials, later on those entrusted with Indian

BUREAU OF SANITARY ENGINEERING.—(Continued)

affairs in Florida. With the usual Lynch-like tenacity and persistence he maneuvered until today the camp presents a cleanly appearance, a large sanitary pit privy has been installed and as well a new driven water supply.

Down in Marion, Levy, Sumter counties another inspector (Holloway) is getting splendid results from his enthusiastic, vigorous rural sanitation program. He is a success in getting many rural communities sanitated. Already the results of his everlasting driving are showing beneficial results at Oak, Webster, Wildwood, Belleview, Williston, Summerfield, McIntosh, etc. Mr. Holloway says he is going to equip all these places with sanitary privies within six months.

In northeast Florida our district sanitary officer, (Capt. Safay) is setting a pace which will keep him steadily moving. Around the suburbs of Jacksonville he is having many privies rebuilt, new wells installed and much drainage attended. He has recently inaugurated a comprehensive privy campaign at Fernandina where within two months about three hundred privies will be built. Likewise he is starting a drive at Green Cove Springs.

Over in West Florida Capt. Hobbs, with headquarters at Tallahassee, is stirring things up and recently inaugurated effective privy campaigns at Blountstown, Marianna and Quincy. He is doing some splendid work in the western part of the state.

Down in southwest Florida the veteran senior inspector is still carrying on his efficient, convincing work. Osburn had practically all his communities supplied with sanitary privies, so set the pace for all the rest. But nevertheless he is always finding new towns to start and recently assured us that he expected to line up Dade City very soon. His latest privy campaigns have been at Brooksville, Auburndale and Lacoochee.

Last but not least, the sanitary officer of the Keys should be discussed,—Dr. J. W. Bartlum, the protege of Colonel Joseph Y. Porter. Bartlum, a former inspector of Key West, has been intrusted with the sanitation of the Keys and as far north as the lower half of Dade and Lee counties. He is a lovable, kindly fellow and is able to convincingly put over his program. Since he started his work along the Keys we have been hearing many messages from those remote residents of Florida, who had forgotten that a State Board of Health existed. They are receiving Dr. Bartlum with open arms and are doing those things he bids.

We have a splendid, loyal, enthusiastic group of sanitary officers—a team that will accomplish any task set before them. During the next six months these workers are going to exert a great influence upon the healthfulness of Florida.

BUREAU OF SANITARY ENGINEERING—(Continued).

Camps closed	6	Privies inspected during mo.	1424
Jails inspected	1	Privies installed during mo.	234
Markets inspected	41	Privies closed	29
Miscellaneous inspections	350	Dairies inspected	23
Schools inspected	4	General nuisance inspections	56
Swimming pools inspected	24	Premises surveyed	40
Public addresses	13	Auto Camps inspected	17

Privy sanitation work done at:

Bushnell, Clearwater, Crystal Springs, Dunnellon, Dania, Davie, Ft. Lauderdale, Florida City, Ft. Meade, Frostproof, Groveland, Gainesville, Lake Worth, Lake City, Lakeland, Lacoochee, Micanopy, McIntosh, Miami, Norwood, Plant City, Panama Park, Reddick, Riverview, Tampa, Tallahassee, Webster, South Jacksonville, Fishweir Park.

Places in which sanitary work was done:

Tampa, Plant City, Crystal Springs, Dade City, Lacoochee, Seffner, Six Mile Creek, Sulphur Springs, West Tampa, St. Petersburg, Bartow, Lakeland, Frostproof, Ft. Meade, Basbon Park, Clearwater, Tarpon Springs, Mulberry, Arcadia, Crystal River, Inverness, Floral City, Ormond, Palatka, Hastings, St. Augustine, Mason, Lake City, Fernandina, Leesburg, DeLand, Clermont, Orlando, Jacksonville, Oak, McIntosh, Micanopy, Ocala, Dunnellon, Wildwood, Bushnell Webster, Holly Hill, Daytona, Sanford, Coronado Beach, East Palatka, South Jacksonville, Ortega, Tallahassee, Dania, Davie, Ft. Lauderdale, Monticello, Lake Worth, Miami, Florida City, Port St. Joe, Apalachicola.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying April, 1924 accounts	$42,414.54
May, 1924 receipts	35,911.88
Total	$78,326.42

DISBURSEMENTS

May, 1924 disbursements	$15,311.15
Balance	$63,015.27

DISBURSEMENTS FOR MAY, 1924, ITEMIZED.

Administration	$3,030.31
Engineering	3,041.42
Laboratories	2,441.98
Child Welfare	2,168.65
Vital Statistics	1,447.82
Multigraph	113.00
Biologics	888.75
Communicable Disease	2,179.22
	$15,311.15

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

NUMBER OF DEATHS AND DEATH RATES PER 1000 POPULATION BY COLOR AND BY COUNTIES, 1923

COUNTIES	Total		White		Colored	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
0. State	14,074	13.5	8,334	11.8	5,740	17.0
1. Alachua	454	14.3	208	12.2	246	16.9
2. Baker	62	10.5	44	10.0	18	11.9
3. Bay	140	11.1	101	10.6	39	12.8
4. Bradford	75	10.5	52	(2)	23	(2)
5. Brevard	120	12.2	81	11.6	39	13.5
6. Broward	80	12.5	47	10.7	33	16.6
7. Calhoun	61	6.5	49	7.2	12	4.7
55. Charlotte	27	9.7	17	(2)	10	(2)
8. Citrus	48	9.2	30	11.1	18	7.1
9. Clay	89	15.8	54	15.2	35	16.9
62. Collier (1)	.....	.....	.....	.....	.....	.....
10. Columbia	212	14.8	108	14.2	104	14.9
11. Dade	842	15.8	497	13.5	345	21.7
12. DeSoto	99	12.0	73	(2)	26	(2)
56. Dixie	10	5.2	4	(2)	6	(2)
13. Duval	2,041	16.0	936	12.4	1,105	21.3
14. Escambia	614	11.5	376	9.8	238	15.6
53. Flagler	25	9.5	10	6.2	15	14.4
15. Franklin	45	8.4	18	6.3	27	10.9
16. Gadsden (3)	553	23.0	245	26.4	308	20.9
57. Glades	13	4.3	9	(2)	4	(2)
17. Hamilton	80	8.1	39	7.0	41	9.6
58. Hardee	46	4.4	32	(2)	14	(2)
63. Hendry (1)	.....	.....	.....	.....	.....	.....
18. Hernando	50	11.0	30	11.0	20	11.0
59. Highlands	49	10.0	37	(2)	12	(2)
19. Hillsboro	1,286	13.0	937	11.7	349	18.8
20. Holmes	86	6.5	76	6.2	10	10.2
21. Jackson	278	8.8	156	8.3	122	9.4

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	Total Deaths	Total Rate	White Deaths	White Rate	Colored Deaths	Colored Rate
22. Jefferson	224	15.4	54	13.6	170	16.2
23. Lafayette	50	11.6	43	(2)	7	(2)
24. Lake	254	18.3	167	16.7	87	22.4
25. Lee	126	11.8	107	11.9	19	11.0
26. Leon	255	14.1	80	13.6	175	14.4
27. Levy	125	12.6	63	10.6	62	15.7
28. Liberty	51	10.0	32	11.3	19	8.3
29. Madison	257	15.6	103	12.8	154	18.1
30. Manatee	192	11.5	97	(2)	95	(2)
31. Marion	381	15.9	162	14.6	219	17.0
32. Monroe	221	11.3	167	11.0	54	12.4
33. Nassau	119	10.2	45	6.6	74	15.3
34. Okaloosa	97	10.0	77	9.9	20	10.2
54. Okeechobee	16	6.0	14	6.0	2	6.6
35. Orange	470	20.8	345	21.0	125	20.1
36. Osceola	129	14.4	112	14.8	17	12.2
37. Palm Beach	322	13.9	195	12.1	127	18.2
38. Pasco	135	14.6	99	13.8	36	18.3
39. Pinellas	575	18.2	475	17.9	100	19.7
40. Polk	580	13.2	436	12.9	144	14.3
41. Putnam	227	15.0	118	14.1	109	16.2
42. St. Johns	270	19.0	151	16.7	119	23.2
43. St. Lucie	110	11.2	79	10.6	31	13.0
44. Santa Rosa	131	9.2	88	7.8	43	14.5
60. Sarasota	62	11.8	48	(2)	14	(2)
45. Seminole	212	17.0	84	12.4	128	22.3
46. Sumter	83	10.0	53	8.7	30	13.6
47. Suwannee	169	8.4	69	5.6	100	12.5
48. Taylor	63	5.0	35	4.8	28	5.4
61. Union	50	9.4	28	(2)	22	(2)
49. Volusia	419	16.5	300	18.2	119	13.4
50. Wakulla	42	8.0	19	6.7	23	9.8
51. Walton	93	7.4	64	6.4	29	11.5
52. Washington	79	6.1	59	6.0	20	6.1

(1) Organized during 1923 from Lee county.
(2) Population by color not available.
(3) State Hospital inmates included.

BUREAU OF VITAL STATISTICS—(Continued)

NUMBER OF BIRTHS AND BIRTH RATES PER 1000 POPULATION BY COLOR AND BY COUNTIES, 1923

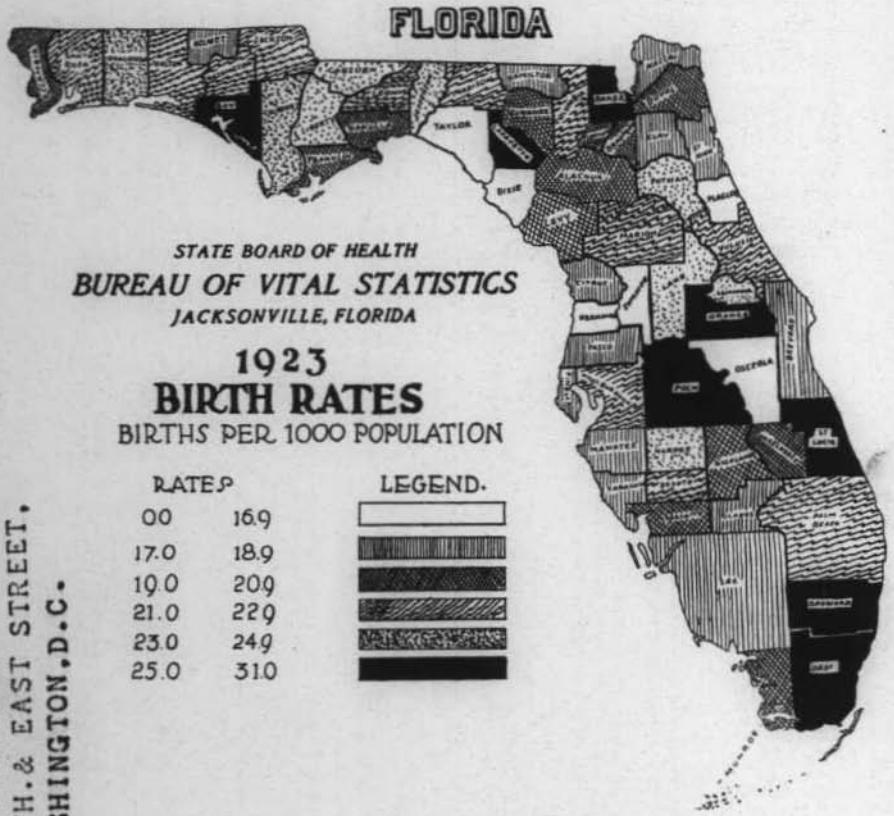
COUNTIES	Total		White		Colored	
	Births	Rate	Births	Rate	Births	Rate
0. State	23,221	22.2	15,614	22.0	7,607	23.1
1. Alachua	646	20.4	392	22.9	254	17.4
2. Baker	151	25.5	120	27.2	31	20.5
3. Bay	323	25.7	242	25.4	81	26.6
4. Bradford	136	19.0	98	(2)	38	(2)
5. Brevard	184	18.7	114	16.3	70	24.2
6. Broward	179	28.0	109	24.8	70	35.2
7. Calhoun	225	24.1	174	25.5	51	20.1
55. Charlotte	55	19.7	44	(2)	11	(2)
8. Citrus	94	18.0	58	21.5	36	14.2
9. Clay	105	18.7	70	19.7	35	16.9
62. Collier (1)	.....	.....	.....	.....	.....	.....
10. Columbia	308	21.6	185	25.4	123	17.6
11. Dade	1,652	31.1	920	24.7	732	46.0
12. DeSoto	189	22.9	152	(2)	37	(2)
56. Dixie	14	7.3	14	(2)	0	(2)
13. Duval	2.703	21.2	1,610	21.3	1,093	21.0
14. Escambia	1,080	20.2	818	21.4	262	17.1
53. Flagler	36	13.6	22	13.7	14	13.4
15. Franklin	108	20.2	55	19.1	53	21.3
16. Gadsden (3)	562	23.4	202	21.8	360	24.4
57. Glades	56	18.7	51	(2)	5	(2)
17. Hamilton	171	17.3	108	19.3	63	14.8
58. Hardee	249	23.7	235	(2)	14	(2)
63. Hendry (1)	.....	.....	.....	.....	.....	.....
18. Hernando	73	16.1	54	19.8	19	10.4
59. Highlands	96	19.6	78	(2)	18	(2)
19. Hillsboro	2,362	22.9	1,966	24.5	396	21.3
20. Holmes	227	17.1	213	17.3	14	14.3
21. Jackson	689	21.7	393	21.0	296	22.8

BUREAU OF VITAL STATISTICS (Cont.)

COUNTIES	Total Births	Total Rate	White Births	White Rate	Colored Births	Colored Rate
22. Jefferson	361	24.8	71	17.8	290	27.5
23. Lafayette	124	28.7	115	(2)	9	(2)
24. Lake	340	24.4	237	23.6	103	26.5
25. Lee	201	18.8	173	19.2	28	16.3
26. Leon	412	22.8	100	17.0	312	25.6
27. Levy	198	20.0	126	20.6	72	18.2
28. Liberty	122	23.9	82	29.0	40	17.5
29. Madison	355	21.5	168	20.9	187	22.0
30. Manatee	299	17.8	197	(2)	102	(2)
31. Marion	504	21.0	248	22.4	256	19.7
32. Monroe	394	20.2	309	20.3	85	19.6
33. Nassau	204	17.6	106	15.6	98	20.2
34. Okaloosa	233	24.0	190	24.3	43	22.0
54. Okeechobee	52	19.6	51	21.7	1	3.3
35. Orange	616	27.2	474	28.9	142	22.8
36. Osceola	145	16.2	117	15.5	28	20.1
37. Palm Beach	490	21.1	329	20.3	161	23.1
38. Pasco	172	18.6	147	20.1	25	12.7
39. Pinellas	550	17.4	489	18.4	61	12.0
40. Polk	1,171	26.7	945	27.9	226	22.5
41. Putnam	349	23.1	200	23.9	149	22.2
42. St. Johns	268	18.9	174	19.2	94	18.3
43. St. Lucie	280	28.5	203	27.3	77	32.3
44. Santa Rosa	310	21.8	249	22.2	61	20.6
60. Sarasota	97	18.4	80	(2)	17	(2)
45. Seminole	310	24.8	164	24.3	146	25.4
46. Sumter	131	15.9	91	15.0	40	18.2
47. Suwannee	398	19.7	257	21.0	141	17.6
48. Taylor	176	13.9	141	18.8	35	6.7
61. Union	106	19.9	83	(2)	23	(2)
49. Volusia	537	21.2	344	20.9	193	21.7
50. Wakulla	100	19.1	44	15.2	56	23.8
51. Walton	270	21.5	209	20.8	61	24.1
52. Washington	273	21.0	204	20.9	69	21.2

(1) Organized during 1923 from Lee County.
(2) Population by color not available.
(3) State Hospital inmates included.

BUREAU OF VITAL STATISTICS—(Continued)



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

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VOL. 16 SEPTEMBER, 1924 NO. 9

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

BOILS

Until quite recently, the presence of one or more boils was indicative of "bad blood' 'and treatment along the line of blood purification was popular. Poultices were applied diligently and the boil allowed to come to a "head" before it was opened. Treatment along more scientific lines is now practiced and with much more satisfactory results.

A boil is a superficial or deep localized inflammatory process of the skin leading to the destruction of tissue and the formation of pus. In practically all instances, some form of infection by a micro-organism is present in boils. In the superficial varieties, the bacteria gain entrance through hair follicles or the sebaceous glands and travel down beneath the skin and here either set up a process of destruction or continue one already begun by a wound. The bacteria sometimes enter through a local injury such as a scratch, cut or abrasion and the same destructive process becomes active.

Following the entrance of the germ, there results a local swelling with keen or exquisite tenderness and later a discharge of purulent detritus from the boil. In the deep seated varieties a similar process occurs but the heading and discharge of the boil is delayed. The marked tenderness is due to the involvement of the nerve fibres in the tissues immediately surrounding the inflammatory center. The tenderness continues in many cases even after the boil has been opened and the pus discharged, the condition clearing up, however, within a short time.

The predisposition to the formation varies widely, some people being particularly prone to them and while they occur frequently in individuals with good health they more frequently occur where there is a run down, anemic or alcoholic condition or where the tissues are peculiarly non resistant. They appear to be rare in young children and are most frequent in older children and young adults. Lowered vitality appears to invite infection. They are more common in the spring time or early summer, possibly because of the renewed activities of the skin in the warm weather especially in athletics who discontinue training during the winter months. They occur following the depressed states of many diseases and as a result of excessive athletic exercise, "overtraining". Faulty diet and hygiene are responsible for many of them.

In the treatment of boils, attention to the intestines is imperative. Tonics as prescribed by a physician are of value and proper hygiene of the skin should be stressed. When the pain is severe, frequent bathing in hot water or the application of hot packs will relieve as well as hasten the progress of the case. Incision is sometimes advisable when suffering is great. Error in diet should be corrected. Obstinate and continuously progressive cases can best be treated by vaccine therapy.

ADMINISTRATION—(Continued)

Boils are very communicable although but little care is taken, as a rule, to prevent the spread either by the affected individual or his immediate companions, the infection being transferred from one to another through the medium of the pus discharged from the boil. One boil usually serves as a forerunner to a series and the reason for this is obvious since every drop of pus from a boil that touches the skin is most likely to start a new infection.

Home treatments are not recommended. A physician should be consulted and proper treatment outlined by him so that no new infections occur.

HERE AND THERE

THE THREE FFF'S

In the transfer of disease are FLIES, FOOD and FINGERS. A knowledge of the three F's may be considered more important than the old curriculum of three R's.

FLIES—The common house fly—bred in filth—carries on its legs thousands of germs. The fly lights on your baby—leaving its deadly germs. It gets into milk—poisoning it.

FOOD—Food handled by unclean hands—food exposed to dirt and flies becomes contaminated and may plant the germs of disease directly in the human system.

FINGERS—The fingers collect germs and dirt from stair rails, from car straps, from shoes, rubbers, from ordinary objects in everyday use. And the fingers are constantly making trips to the mouth.

* * * * *

Dr. H. D. Van Schaick, prominent Jacksonville surgeon, has consented to act as Associated Surgeon in the Orthopedic Service of the State Board of Health without remuneration. Doctor Van Schaick will perform all operations in connection with hair lip and cleft palate cases which will now be accepted for treatment, the regular orthopedic work to be done by Doctor F. L. Fort, Surgeon in Charge of the Service. The State Board of Health feels very gratified over Doctor Van Schaick's offer to assist in this very important work.

* * * * *

Eating coarse food at very meal and chewing it with every tooth is the most effective method of cleaning that can be given the teeth, says Dr. F. Blaine Rhobotham, Chicago dental surgeon, in the August Hygeia.

* * * * *

The cure for nervousness is peace of mind, as the cure for fire is water. When our homes are so ordered that harmony rules instead of discord, hope instead of fear, we may well be thought worthy of the high calling of parenthood.—Hygeia.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

BIOLOGICAL PRODUCTS THAT MAY BE OBTAINED FROM THE STATE BOARD OF HEALTH.

In spite of the fact that the State Health Officer has sent letters to all physicians in the state, that he has published this in Health Notes (May, 1922), that we have called attention at medical meetings and that the press has carried the word, still a great many of the members of the profession do not realize just what may be obtained for the protection of their patients.

The State Board of Health furnishes antitoxin in 5000 and 10000 unit packages for THERAPEUTIC USE, tetanus antitoxin, 1500 units for prophylactic and 10,000 and 20,000 unit packages for therapeutic use, vaccine virus for the protection against smallpox, triple typhoid vaccine, antimeningococcus serum, Schick tests to determine who is susceptible to diphtheria and toxin antitoxin to immunize against diphtheria. All these are furnished without cost to use for any case.

One question frequently is asked and that is why should the State furnish antitoxin to those who can afford to pay for it. The answer is simple when once it is carefully considered.

The State Board of Health is supported by a tax paid by the citizens of the state "those who can pay" are certainly included as tax payers and the State Board of Health on account of the volume of material required is able to obtain biologics at much less than half the regular retail price of many of the products.

By furnishing the above biological products the State Board of Health saves the citizens of the state the difference between the cost to the State Board of Health and the retail price which last year alone meant a saving of over $8,000.

The above mentioned products are used in every section of the state, hence the saving is distributed over the state as are the taxes.

There is one other biological product handled by the Board; namely, anti-rabic treatments, but these are not furnished free except when the physician administering it certifies that the patient is indigent and that he is receiving no pay for the administration. The question sometimes arises why should the Board of Health furnish some biological products free and charge for another and that is a fair question. The answer is that any community can practically control the rabies situation, hence why should those sections not having rabies be taxed for the treatments given to those places that allow the disease to exist. As an illustration of the above, I have made a summary of the number of treatments sent to Hillsborough county, Duval county, and the 14 counties west of Jefferson county for the years 1921, 1922, 1923 and the first six months of 1924.

BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)

	Hillsborough County	Duval County	14 Counties west of Jefferson County	Gadsden County
1921	114	5	10	8
1922	91	8	38	20
1923	109	50	20	5
Jan.-June 30, 1924	28	80	10	3
	342	143	78	36

In 1921 Hillsborough county was beginning to realize that they had a problem on their hands, but the result of repressive measures did not become manifest until 1924 when they apparently had obtained a real reduction in the number of cases requiring treatment.

The other extreme is shown by the figures from Duval county. After an abnormal number of cases had occurred prior to 1915, an active campaign was carried on for some years to limit the number of cases with gratifying results but with the reduction of the number of cases, public sentiment as to the necessity for continued care became less and the inevitable occurred. We hope the peak has been reached and that the active cooperation of the citizens may be secured and maintained and that our children may not be so frequently exposed to this menace, yes if it will reach those that will not guard the children that the dogs themselves will not be exposed to the disease for just as smallpox only follows exposure to a case of smallpox, rabies only follows exposure to a case of rabies.

It will be noted that of the 78 treatments used in the 14 counties west of Jefferson county, 36 of them were used in Gadsden county leaving but 42 for the other 13 counties during the 3½ years under consideration.

Rabies has always been an easy disease to control if people try to do so and now there is added a method whereby dogs can be rendered immune by a single injection of virus, this immunity lasting for at least a year.

In order that diphtheria antitoxin may be easily and quickly obtained in all parts of the state certain drug stores centrally located have been designated as antitoxin stations and at these stations diphtheria antitoxin and typhoid vaccine can be obtained. NO OTHER BIOLOGICS ARE KEPT BY THE STATE BOARD OF HEALTH AT THESE STATIONS.

Any of the biologics may be secured from the branch laboratories except the antirabic treatments but any large amount should be requested from the laboratory at Jacksonville, which is the distributing point to the branches and stations. All requests for any of the biologics should be addressed to the laboratory for it is open Sundays and holidays for at least a half day and our mail is opened, while if the request is directed to the State Board of Health it would not reach us until the following day.

BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)

We ship biologics by the first mail after receipt of request and desire to give you the most prompt service possible.

Please be definite in your requests, for instance we sometimes receive a message like the following: "Please send vaccine at once." The sender of the message knows if he wants vaccine virus or typhoid vaccine also if he needs 5 or 500 but we do not know the conditions and are under a great disadvantage. Another common message, "send tetanus antitoxin". Does the sender wish a 1500 prophylactic dose or has he a case and needs 50 or 100000 units?

When wiring or writing for antirabic treatments ALWAYS state AGE of the patient and LOCATION of the bite or bites.

A list of stations is appended.

ANTITOXIN DISTRIBUTING STATIONS

City	Station
Apalachicola	H. B. Robbins Drug Co.
Arcadia	Arcadia Drug Co.
Avon Park	Avon Park Drug Co.
Blountstown	Leonard Drug Co.
Bradentown	Balis Pharmacy
Century	Century Pharmacy
Chipley	Mitchell Drug Co.
Clearwater	Moores Drug Store
Cocoa	Hughlett Drug Co.
Dade City	Griffin Drug Co.
Daytona	Hankins Drug Co.
DeFuniak Springs	Rexall Drug Store
Fernandina	Horseys Drug Store
Ft. Meade	Langford Drug Co.
Ft. Myers	Pixon & Schultz Drug Co.
Ft. Pierce	Silver Palace Drug Co.
Gainesville	J. S. Bodiford Drug Co.
Inverness	Inverness Drug Co.
Jacksonville	State Laboratory
Jacksonville *	St. Lukes Hospital
Key West	Key West Drug Co.
Lake Butler	Tomlinson Maines Drug Co.
Lake City	Columbia Pharmacy
Lakeland	Henleys Drug Store
Live Oak	Suwannee Drug Co.
Miami	State Laboratory
Ocala	Court Pharmacy
Okeechobee	Park Pharmacy
Orlando	Evans Rex Drug Co.
Palatka	City Drug Store
Panama City	Sims Drug Co.

* When Laboratory is closed.

BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)

Plant City	Knights Drug Store
Pensacola	State Laboratory
Quincy	City Drug Store
St. Augustine	St. George Pharmacy
St. Petersburg	Bennetts Pharmacy
Sanford	Mobleys Drug Store
Starke	Mitchell Drug Co.
Stuart	Stuart Drug Co.
Tallahassee	State Laboratory
Tampa	State Laboratory
Wauchula	Beeson Bros.
West Palm Beach	Speers Pharmacy
Winter Haven	S. H. Woods

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JULY, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	747	175	48	45	41	1056
Diphtheria	222	53	16	48	42	381
Typhoid	263	306	33	15	46	663
Malaria	350	341	42	15	94	842
Rabies	32	6	.....	.....	.....	38
Tuberculosis	161	97	15	25	6	304
Gonorrhoea	242	138	27	20	6	433
Syphilis	1346	477	.....	.....	.....	1823
Water Bact. Exam.	.....	25	.....	41	.....	66
Water Chem. Exam.	.....	.....	.....	.....	1	1
Milk Bact. Exam.	18	8	9	134	15	184
Milk Chem. Exam.	18	8	9	267	11	313
Miscellaneous	37	24	14	.....	5	80
	3436	1658	213	610	267	6184

Specimen Containers Distributed During July, 1924 3408

BIOLOGICAL PRODUCTS SENT OUT DURING JULY, 1924

Diphtheria Antitoxin	10,000 Units	70
	5,000 Units	16
Schick Tests		1100
Toxin Antitoxin		30 c.c.
Tetanus Antitoxin	20,000 Units	9
	10,000 Units	9
	1,500 Units	381
Typho Bacterin		2447 Packages
Vaccine Virus		631 Points
Antirabic Virus		26 Treatments

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

For years and years the Florida State Board of Health has emphasized the importance, nay, the imperative need for elimination of the filthy old tumble-down, open-back surface privy. Acres of paper and barrels of ink have been used; through lectures and personal interviews, nearly everyone in the state has had an opportunity to know of the damage wrought by and the dangers of unsanitary sewage disposal. The problem has been attacked from every angle, the aesthetic sense has been appealed to, the dangers of typhoid and dysentery have been dwelt on at length, the economic value of the sanitary privy has been emphasized and, probably most important of all, hookworm disease, the direct result of soil contamination, has come in for a big share of attention.

A great many cases of typhoid and dysentery have undoubtedly been prevented by the improvement in sanitary conditions, but,

THERE IS YET ROOM FOR IMPROVEMENT.

There are still a great many children with hookworm disease, the typhoid rate has not reached the irriducible minimum and, it is admitted reluctantly, there are still all too many homes and public buildings in cities and country without a safe means for disposing of human excrement.

Florida is forging ahead by leaps and bounds; an unprecedented era of prosperity has come; every section of the state must share to a certain extent, the good as well as the bad that comes to every other section of Florida's development will be retarded, the happiness and properity of her people hindered just in proportion as her sanitary problems are neglected.

Let every individual and every organization, then, give heed; let every private and public interest devote as much attention and money as necessary to the business of preventing filth born diseases; let newspapers, school authorities, industrial concerns, transportation companies, amusement and development concerns do their part; let city dwellers, suburbanites and ruralists provide themselves with sanitary devices and use them; let every one realize that it is for the good of their own health and bank accounts, not for the benefit of some one across the street or in the next country; let us be forever rid of

"The open back privy,
The fly breeding privy,
The filth spreading privy,
That stood near the well."

* * * * *

STUDY OF CREEPING ERUPTION.

During the two weeks ending August 2nd, Dr. J. L. Kirby-Smith, dermatologist of Jacksonville, who has interested himself perhaps more than anyone else in the disease known as larva migrans or

BUREAU OF COMMUNICABLE DISEASES—(Continued)

creeping eruption, conducted at the State Board of Health building, a free clinic for the study and treatment of this disease, the treatment of which has been varied and none too successful and the cause of which is still obscure. In the conduct of the clinic Dr. Kirby-Smith had the co-operation of the State Board of Health and a number of Jacksonville practitioners and of Mr. W .E. Dove of the Bureau of Entomology.

At the time of writing, the studies for determining the identity and life history of the parasite are still going on, but a method of treatment much more uniformly effective and quite painless has already been given out in a circular letter from the office of Dr. Kirby-Smith. It consists of applying gauze saturated with ethyl acetate. This is covered with rubber tissue and held in place with adhesive tape. It can be applied freely and on normal skin will not produce any discomfort. When, however, the larva burrows have become infected and the skin torn off from scratching, there will be some discomfort but no irritation will be produced.

Promising results were also obtained by using the ethyl acetate as a solvent for flexible collodion (without salicylic acid) but this should not be applied over infected areas. Usually the burrows will lead to an outlying portion where they can be treated separately from the infected portions. The larva may be two or three inches from where it appears to be and the ethyl acetate should be used over an area with sufficient radius from the apparent terminal of the burrow. Continued creeping following the treatment would indicate that sufficiently sized portion had not been treated.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying May accounts	$63,015.27
Receipts for June, 1924	30,413.43
Total	$93,428.70

DISBURSEMENTS

June, 1924 disbursements	$19,386.26
Balance	$74,042.44

DISBURSEMENTS FOR JUNE, 1924, ITEMIZED

Administration	3,492.96
Engineering	2,977.39
Laboratories	2,699.58
Child Welfare	4,467.04
Orthopedic	154.50
Vital Statistics	1,843.48
Multigraph	160.60
Biologics	1,205.72
Communicable Disease	2,384.99
	19,386.26

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

Splendid progress has been made in the filing of birth certificates preparatory to the birth registration test which is to be inaugurated by the United States Government through the Bureau of the Census. The official date as set was August 1, but owing to some unavoidable circumstance the test will not be started until about the 15th of September. This will give a slight advantage to the State of Florida because we will have a little more time to complete registration for the early months of the year.

Please use your best efforts to have all birth certificates filed for births occurring during the first five months of this year. The test will be made on two months selected between January 1 and June 1 of this year.

While we have stressed the importance of all birth certificates being put on file for the first five months of this year, we do not expect to slow up in the good work for the balance of the year and for the years to come. The goal now is to make the records over ninety (90) per cent complete for the first five months of this year and then keep up the good work every month and every year in the future.

The record of birth registration in Florida, has shown an increase each year since the inauguration of the Model Vital Statistics Law in 1917, with the exception of the year 1922.

The records of birth are a credit to the State of Florida, and in addition to the service and value to individual citizens of the State as legal records, the compiled data has been of great service to health workers and others as a measuring unit for the protection of the health of the people.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
1-05	Mr. E. B. Denton	Micanopy, Fla.
7-147	Mr. Earl Shelton	Compass Lake, Fla.
14-087	Mrs. Martha Driver	Route 1, McDavid, Fla.
21-01	Mrs. Annie Bevis	Marianna, Fla.
21-07	Mr. W. C. Preston	Cypress, Fla.
21-08	Dr. C. J. Price	Alford, Fla.
27-05	Dr. J. S. Alison	Tidewater, Fla.
40-277	Mr. F. O. Revels	P. O. Box 133, Nichols, Fla.
43-047	Mr. V. V. Wortham	Jensen, Fla.
42-02	Mr. D. S. Hanna	Hastings, Fla.
56-01	Mr. W. H. Matthis	Box 125, Cross City, Fla.
56-027	Mrs. N. M. Jones	Old Town, Fla.
58-157	Mr. L. E. Newberry	Gardner, Fla.
62-057	Mrs. H. K. Stevens	Immokalee, Fla.

BUREAU OF VITAL STATISTICS—(Continued)

NUMBER OF DEATHS AND DEATH RATES PER 1000 POPULATION BY COLOR FOR CERTAIN CITIES, 1923

	CITIES	Total		White		Colored	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
15-51	Apalachicola	28	9.1	5	3.0	23	15.9
12-51	Arcadia	59	14.4	41	12.0	18	25.5
40-52	Bartow	42	8.8	23	6.5	19	15.3
30-51	Bradentown	59	12.9	39	10.9	20	19.9
49-51	Daytona	155	24.6	94	26.8	61	21.8
49-52	DeLand	65	18.5	51	22.3	14	11.5
33-51	Fernandina	61	9.9	18	5.6	43	14.4
25-51	Fort Myers	85	20.6	66	20.8	19	16.9
1-51	Gainesville	142	19.9	70	16.8	72	24.5
13-51	Jacksonville	1,726	17.2	730	13.2	996	22.3
32-51	Key West	216	11.5	165	11.2	51	12.5
36-51	Kissimmee	39	13.3	34	15.0	5	7.5
10-51	Lake City	45	13.5	27	14.7	18	11.9
40-51	Lakeland	188	22.7	147	22.5	41	23.6
47-51	Live Oak	25	8.1	16	9.5	9	6.3
11-51	Miami	696	18.2	401	15.2	295	24.9
31-51	Ocala	138	27.0	70	22.9	68	33.1
35-51	Orlando	308	27.4	222	26.9	86	28.9
41-51	Palatka	93	16.7	41	14.6	52	18.7
14-51	Pensacola	457	13.5	263	11.2	194	18.5
19-53	Plant City	67	16.0	50	16.1	17	15.8
16-51	Quincy	26	8.3	9	7.3	17	9.0
42-51	St. Augustine	202	31.3	116	24.9	86	48.4
39-51	St. Petersburg	388	15.9	322	15.5	66	18.1
45-51	Sanford	59	9.3	26	7.4	33	11.7
13-52	So. Jacksonville	80	23.8	55	17.6	25	103.0
26-51	Tallahassee	123	20.9	52	16.5	71	26.1
19-51	Tampa	758	13.5	509	11.6	249	20.1
37-51	W. Palm Beach	230	18.9	124	16.8	106	22.2
19-52	West Tampa	82	9.6	67	8.7	15	18.5

BUREAU OF VITAL STATISTICS—(Continued)

NUMBER OF BIRTHS AND BIRTH RATES PER 1000 POPULATION BY COLOR FOR CERTAIN CITIES, 1923

	CITIES	Total		White		Colored	
		Births	Rate	Births	Rate	Births	Rate
15-51	Apalachicola	78	25.4	33	20.3	45	31.2
12-51	Arcadia	100	24.3	74	21.7	26	36.9
40-52	Bartow	82	17.2	56	15.9	26	20.9
30-51	Bradentown	58	12.7	42	11.7	16	15.9
49-51	Daytona	135	21.4	77	21.9	58	20.8
49-52	DeLand	108	30.8	67	29.3	41	33.6
33-51	Fernandina	69	11.2	32	10.0	37	12.4
25-51	Fort Myers	80	19.4	55	17.3	25	26.4
1-51	Gainesville	190	26.3	137	32.9	53	18.0
13-51	Jacksonville	2,237	22.3	1,269	22.9	968	21.7
32-51	Key West	394	21.0	309	21.0	85	20.9
36-51	Kissimmee	67	22.9	51	22.5	16	24.1
10-51	Lake City	75	22.4	48	26.1	27	17.9
40-51	Lakeland	304	36.8	256	39.2	48	27.6
47-51	Live Oak	37	11.9	23	13.7	14	9.8
11-51	Miami	1,252	32.7	665	25.1	587	49.5
31-51	Ocala	125	24.4	79	25.8	46	22.4
35-51	Orlando	343	30.5	248	30.0	95	32.0
41-51	Palatka	145	26.0	82	29.3	63	22.7
14-51	Pensacola	717	21.1	529	22.6	188	17.9
19-53	Plant City	104	24.9	73	23.5	31	28.8
16-51	Quincy	50	16.0	31	25.0	19	10.1
42-51	St. Augustine	159	26.2	120	25.7	49	27.5
39-51	St. Petersburg	313	12.8	269	12.9	44	12.0
45-51	Sanford	118	18.7	72	20.6	46	16.3
13-52	So. Jacksonville	73	21.7	57	18.2	16	66.1
26-51	Tallahassee	103	17.5	57	18.1	46	16.9
19-51	Tampa	1,254	22.4	996	22.8	258	20.9
37-51	W. Palm Beach	316	26.0	212	28.7	104	21.8
19-52	West Tampa	227	26.6	202	26.2	25	30.9

BUREAU OF VITAL STATISTICS—(Continued)

DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1000 LIVING BIRTHS BY COLOR FOR CERTAIN CITIES, 1923

	CITIES	Total Deaths Under 1 Yr.	Total Rate	White Deaths Under 1 Yr.	White Rate	Colored Deaths Under 1 Yr.	Colored Rate
15-51	Apalachicola	3	38	.....	.....	3	67
12-51	Arcadia	9	90	6	81	3	115
40-52	Bartow	4	49	2	36	2	77
30-51	Bradentown	5	86	1	24	4	250
49-51	Daytona	9	67	5	65	4	69
49-52	DeLand	1	9	1	15	.....	.....
33-51	Fernandina	7	101	2	63	5	135
25-51	Fort Myers	9	112	7	127	2	80
1-51	Gainesville	14	74	9	66	5	94
13-51	Jacksonville	210	94	93	73	117	121
32-51	Key West	24	61	17	55	7	82
36-51	Kissimmee	1	15	.....	.....	1	62
10-51	Lake City	8	107	6	125	2	74
40-51	Lakeland	18	59	15	59	3	62
47-51	Live Oak	4	108	4	174	.....	.....
11-51	Miami	138	110	47	71	91	155
31-51	Ocala	13	104	8	101	5	109
35-51	Orlando	31	90	17	69	14	147
41-51	Palatka	9	62	5	61	4	63
14-51	Pensacola	72	100	39	74	33	175
19-53	Plant City	11	106	9	123	2	65
16-51	Quincy	5	100	3	97	2	105
42-51	St. Augustine	22	130	11	92	11	225
39-51	St. Petersburg	26	83	10	37	16	364
45-51	Sanford	9	50	5	70	4	87
13-52	So. Jacksonville	14	192	10	175	4	250
26-51	Tallahassee	15	145	5	88	10	217
19-51	Tampa	97	77	61	61	36	140
37-51	W. Palm Beach	34	108	10	47	24	231
19-52	West Tampa	15	66	11	55	4	160

BUREAU OF VITAL STATISTICS—(Continued)

DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1000 LIVING BIRTHS BY COLOR AND BY COUNTIES, 1923

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate	Deaths Under 1 Yr.	Rate	Deaths Under 1 Yr.	Rate
0. State	1,822	78	1,017	65	805	106
1. Alachua	50	78	33	84	17	67
2. Baker	17	112	12	100	5	161
3. Bay	27	84	22	91	5	62
4. Bradford	7	51	4	41	3	79
5. Brevard	8	43	3	26	5	71
6. Broward	18	101	6	55	12	171
7. Calhoun	14	62	11	63	3	59
55. Charlotte	3	55	1	23	2	182
8. Citrus	6	64	3	52	3	83
9. Clay	9	86	6	86	3	86
62. Collier...(1)	.....	.....	.....	.....	.....	.....
10. Columbia	25	81	15	81	10	81
11. Dade	172	104	63	68	109	149
12. DeSoto	15	79	12	79	3	81
56. Dixie	1	71	1	71	.....	.....
13. Duval	251	93	122	76	129	118
14. Escambia	100	93	59	72	41	156
53. Flagler	4	111	2	91	2	143
15. Franklin	6	56	3	54	3	56
16. Gadsden(3)	45	80	23	163	22	61
57. Glades	1	18	1	19	.....	.....
17. Hamilton	9	53	6	55	3	47
58. Hardee	13	52	12	51	1	71
63. Hendry(1)	.....	.....	.....	.....	.....	.....
18. Hernando	5	68	1	18	4	210
59. Highlands	5	52	2	25	3	166
19. Hillsboro	167	71	114	58	53	134
20. Holmes	14	62	13	61	1	71
21. Jackson	38	54	23	58	15	51

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	Total Deaths Under 1 Yr.	Total Rate	White Deaths Under 1 Yr.	White Rate	Colored Deaths Under 1 Yr.	Colored Rate
22. Jefferson	31	86	4	56	27	93
23. Lafayette	6	48	6	52	.....	.....
24. Lake	26	77	15	63	11	107
25. Lee	13	65	11	64	2	71
26. Leon	40	97	9	90	31	99
27. Levy	13	66	5	39	8	111
28. Liberty	10	82	8	97	2	50
29. Madison	35	99	14	83	21	112
30. Manatee	21	70	9	46	12	117
31. Marion	42	83	17	68	25	97
32. Monroe	25	78	17	55	8	94
33. Nassau	13	64	4	38	9	92
34. Okaloosa	19	82	13	68	6	139
54. Okeechobee	2	38	2	39	.....	.....
35. Orange	47	76	31	65	16	99
36. Osceola	5	35	3	25	2	71
37. Palm Beach	47	96	19	58	28	174
38. Pasco	19	110	14	95	5	200
39. Pinellas	39	71	21	43	18	295
40. Polk	88	75	69	73	19	84
41. Putnam	23	66	13	65	10	67
42. St. Johns	33	123	19	109	14	149
43. St. Lucie	17	61	12	59	5	65
44. Santa Rosa	21	68	17	68	4	66
60. Sarasota	6	62	5	62	1	59
45. Seminole	37	119	13	79	24	164
46. Sumter	10	76	6	66	4	100
47. Suwannee	27	68	15	58	12	85
48. Taylor	11	63	9	64	2	57
61. Union	2	19	2	24	.....	.....
49. Volusia	31	58	21	61	10	52
50. Wakulla	6	60	2	45	4	71
51. Walton	9	33	5	24	4	65
52. Washington	18	66	14	68	4	58

(1) Organized during 1923 from Lee county.
(2) Population by color not available.
(3) State Hospital inmates included.

TOXIN-ANTITOXIN WILL STAMP OUT DIPHTHERIA

WHICH WAY ARE YOUR CHILDREN TRAVELING?

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA HEALTH NOTES

OFFICIAL BULLETIN
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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

IMPORTANCE OF TEACHERS' HEALTH EXAMINATIONS

Rule No. 81 of the State Board of Health Rules and Regulations forbids individuals to teach in the public schools of Florida without having a health certificate signed by a reputable physician showing that they are not affected with or are carriers of communicable diseases.

Section No. 1, reads as follows: "All teachers or instructors in any public school operating within the State of Florida or in any private school operating in the State of Florida, shall be required to file with the State Board of Health of Florida annually before the beginning of each school year a certificate obtained from a reputable physician, who is licensed to practice in the State of Florida, certifying that said teacher or instructor has been duly and carefully examined and is free from communicable diseases and is believed to be a non-carrier thereof."

In practically all of the larger institutions and colleges, a careful and thorough physical examination is a prerequisite for entrance. There are few States that do not require, periodically, the examination of school children but it is surprising to note that there are few teachers' colleges or normal schools where the physical examination of school teachers is required. This is a most serious ommission since the importance and necessity for the examination of all teachers is hard to over estimate, in fact, the periodic examination of teachers is as important, if not more so, than that of school children. Large corporations have seen the wisdom as well as the economic value of periodic health examinations and, in many instances, will pay all expenses incident to the examination of employees realizing that they are, in the end, putting money in, rather than taking it out of, their pockets.

The knowledge that a physical examination may add years to life seems in itself sufficient recompense for any time or money spent in the accomplishment. Practically all diseases can be cured if diagnosed and treatment started in the initial stages. Then too, many teachers suffer from minor ailments which could be treated or overcome during the vacation or training period.

It seems a pity that an individual with a disability is allowed to train for the teaching profession to find that on the completion of the training period she is debarred from teaching. How much easier and kinder it would be to have this information before the training has been completed..

Surely, certain disabilities should militate against the choosing of teaching as a profession. Quite a number of teachers suffer from minor heart troubles which, however, while not severe enough to incapacitate, are of such a nature as to debar them from athletics and other physical exercises. Every school should have a certain amount of athletics and physical exercises and if the teacher's physical con-

ADMINISTRATION—(Continued)

tion will not permit this exertion, it is difficult to stimulate and hold e students' attention and interest.

Doctor H. S. Curtis, Missouri State Director of Physical Educa-on, lists the following defects as being of sufficient importance to ebar a person from the teaching profession.

1. Incipient tuberculosis; 392 out of every one thousand teach-s, dying in the profession, according to the census of 1910, died of berculosis. For any person with this tendency, teaching, is a dan-rous trade.

2. High nervous irritability. More than one-third of all teachers no break down or have to have long leaves of absence from teach-g do so on account of nervous disorders. Doctor Wood estimated at forty-five per cent of the teachers in New York State were suffer-g from greater or lesser nervous disorders.

3. Any serious lesion of the heart which would prevent a person om organizing games and physical activities of children.

4. Deafness amounting to less than one-half hearing.

5. Any physical defect that would make a teacher repulsive to ildren.

6. Overweight of fifty per cent or more. People suffering from ch disabilities should be dissuaded from teaching.

Doctor Curtis further states: "We have been saying for years at health is the foundation stone of all education, that without health ere is neither happiness, efficiency, beauty nor length of days. In actice we have treated health as a minor matter which might safely disregarded. Most students in teachers' colleges and normal schools ve come through systems in which they have had little hygiene. ey will be expected to teach it to their children without having d it themselves. Teachers' colleges should require of every student urses covering general hygiene, child hygiene or personal hygiene d social hygiene.

The Director of the Bureau of Child Welfare of the State Board Health, Mrs. Laurie Jean Reid, R. N., recently placed in pamphlet rm suggestions for the course of study in health and physical educa-n for the elementary grades of the public schools. This pamphlet well worth reading and every teacher in the state should peruse it th care. Copies of this pamphlet will be sent to anyone on request.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING AUGUST, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	629	189	58	27	49	952
Diphtheria	197	58	17	16	5	293
Typhoid	309	291	47	11	29	687
Malaria	397	314	44	11	81	847
Rabies	16	5	.....	.....	.....	21
Tuberculosis	199	97	16	23	6	341
Gonorrhoea	275	127	46	13	3	464
Syphilis	1599	358	.....	.....	.....	1957
Water: Bact. Exam.	.....	29	.....	16	1	46
Water: Chem. Exam.	.....	.....	.....	2	.....	2
Milk Bact. Exam.	35	18	7	156	14	230
Miscellaneous	48	18	21	2	4	93
	3742	1523	262	591	206	6324

Specimen Containers Distributed During August, 1924 4372

BIOLOGICAL PRODUCTS SENT OUT DURING AUGUST, 1924

Diphtheria Antitoxin	10,000 Units	85
	5,000 Units	26
Toxin Antitoxin		45 c.c.
Tetanus Antitoxin	20,000 Units	23
	10,000 Units	10
	1,500 Units	349
Antimeningococcus Serum		3 Cylinders
Typho Bacterin		1869 Packages
Vaccine Virus		750 Points
Antirabic Virus		26 Treatments

BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING

Laurie Jean Reid, R. N. Director

MIND PROBLEMS OF THE GROWING CHILD*

William Palmer Lucas, M. D.
Professor of Pediatrics,
University of California Medical School

"Man does not live by bread alone." When we secure for our child the right height and weight at the right age and put the right food inside of him, he may still balk. That unique and interesting Californian, Luther Burbank, makes a most fascinating suggestion to us in "The Training of the Human Plant" which I must pass on to you. He says:

> "Every child should have mud pies, grasshoppers, water bugs, tadpoles, frogs, mud turtles, elder berries, wild strawberries, acorns, chestnuts, trees to climb, brooks to wade in, water lilies, woodchucks, bats, bees, butterflies, various animals to pet, hay fields, pine cones, rocks to roll, sand snakes, huckleberries and hornets, and any child who has been deprived of these has been deprived of the best part of his education."

Not a calory or a vitamin, an ounce or a pound, an internal gland or an amino acid in the list, and perhaps that paragraph is as deeply scientific as any Burbank ever wrote. Gratian, the philosopher, said that "perfection consisted of three H's—Health, Holiness and a Headpiece." The worker with children will probably accept that definition of human perfection. The only criticism we can make of the philosopher is that he did not standardize that perfect headpiece for us. In our discussion of the mind of the child, we must not separate the headqiece from the child. We have vividly before us the backward children, the forward children, the nervous children and the naughty children, the quick children and the slow children and we must not forget that in all these various headpieces there is a mind of some kind.

PROTECT THE CHILD'S NERVOUS SYSTEM

Many of the most important questions which we must consider in the problems of the growing child are those connected with the rapid growth of the brain during the early years, and the marked instability of the whole nervous system. The constant adjustment of the system to the demands of growth makes the guarding of the child's nervous system of the utmost importance. Proper nourishment is as necessary for the growing nerve cells as for strong muscles and bones. The whole hygiene and regime of the child must protect the nervous system from damage either of disease, or over-work or over-stimulation.

There are certain physical manifestations in the development of mentality, but neither the size of the head nor the weight of the brain indicates the amount of intelligence. The development of the skull

Bureau of Child Welfare and Public Health Nursing—(Continued)

is due to the growth of the bones of the skull while that of mental traits is due more to the development of neuron cells as well as their complicated connections. The sensory centers in the brain develop more rapidly than those of higher power located in the frontal lobes, which have to do more with the association of facts, the making of judgments and in short, with what we recognize as intelligence.

MEASURING MENTAL GROWTH

This factor of intelligence is one of the most important and serious problems with which we are confronted in the growth of the child. It is far more difficult to estimate mental growth than physical growth. We are all more or less familiar with the various measuring rods for the estimation of mentality or intelligence which have grown up since Binet first formulated his crude series of tests between 1909 and 1912. We often speak of these tests—intelligence tests—as giving the mental age, and of the increase of intelligence during childhood as mental growth. It must be remembered, however, that mental growth is made up of many special abilities in addition to pure intelligence. The use of the word "Mental age" is extremely ambiguous. Mental age 10 seems to imply intellectual power, judgment and behavior equal to that of a ten-year-old child. But this is not what the tests prove and not what any competent psychologist would claim as the meaning of the term "mental age".

WHAT IS ONE'S "MENTAL AGE"?

The phrase "mental age" has grown up as a convenient term to indicate arbitrary attainment of certain tests. These tests may be used as a rating to determine the level of general intelligence of the person examined but general intelligence is not the same thing as judgment or wisdom nor will it predicate what the behavior of the individual will be though we may form a fairly accurate picture of the probabilities for any given individual.

General intelligence is by no means the sole factor in determining behavior though it may be an important one. It has been claimed, probably correctly, that most adults cease developing those functions which we have grouped under the term general intelligence, some time between the ages of 14 and 18 years. Yet no one would claim that an adult behaves like his adolescent self. The psychologist may be able to prove that he has not developed any further in intelligence but this certainly does not mean that he has not developed in judgment and wisdom and in knowledge, both theoretically and practically.

THE POWER OF EXPERIENCE

Psychologists are trying to distinguish sharply between intelligence which refers to native capacity and intellectural power which depends in part on experience. Burt's conclusions with which many of us will agree are that "there can be little doubt that with the Binet-Simon

Bureau of Child Welfare and Public Health Nursing—(Continued)

scale a child's mental age is the measure not only of the amount of intelligence with which he is congenitally endowed, not only of the plane of intelligence at which in the course of life and growth he has eventually arrived, it is also an index, largely though perhaps not mainly, of the amount of scholastic information and skill which in virtue of attendance, more or less regular, by dint of instruction more or less effective, he has progressively accumulated in school."

TESTS MUST BE IMPROVED

The tests are much more accurate in studying the problem of mental defects, and this is particularly true in discriminating between children who should attend a special or an ordinary school. Many other tests in addition to these simple Binet tests or the ones which have grown out of them, are needed in studying normal children and in dividing them among themselves. On the same basis, they are less trustworthy in detecting super-normal ability. Many other tests which take into account personality, behavior and judgment must be developed before we are able to diagnose the greater mental intelligence.

CONTINUED IN NOVEMBER ISSUE

*Taken from Child Health Magazine of American CHILD HEALTH Association.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying June accounts	$74,042.44
Receipts for July 1924	12,131.29
Total	$86,173.73

DISBURSEMENTS

July 1924, Disbursements	$15,470.55
Balance	$70,703.18

DISBURSEMENTS FOR JULY 1924 ITEMIZED

Administration	$2,574.34
Engineering	2,219.32
Laboratories	2,473.96
Child Welfare	1,698.79
Orthopedic	782.08
Vital Statistics	2,034.11
Multigraph	152.98
Biologics	1,459.15
Communicable Disease	2,075.82
	15,470.55

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

DIPHTHERIA CASES AND CARRIERS

The annual appearance of diphtheria cases shortly after the opening of school should stimulate all of us to do a little careful thinking about what is its cause and how it can be prevented. Of course, there is no season in which cases are not reported; but every year, just about this time, there is a rise in the sickness rate and death rate for this disease. We used to think that the coming of cold weather had some causal relationship to this and, in reality, it has; but it is an indirect relationship, just as is that of the opening of school—it brings children into closer contact with one another and affords better opportunity for infectious material to be carried from one child to another.

Diphtheria has a way of "Breaking out" in a school or community where no case has been known to occur for months or years and the first child to have it may not have been away from home for a long time. This used to be a great mystery and is yet to people who have not learned about diptheria carriers, but when it becomes known that virulent diptheria germs may live for months in the nose or throat of well persons, it is all very clear, particularly, if we realize that the germs may be scattered from the nose or throat of the carriers in tiny drops of saliva when he coughs or sneezes, and that they may steal a ride from one person to another on the edge of a drinking cup, the end of a lead pencil or any other object that is placed in the mouth after being soiled with the saliva of the carrier. Thinking people soon come to realize that the means of preventing diphtheria is within easy reach, and that we will be much safer if we keep dirty things out of our mouths, cover our noses and mouths when we sneeze or cough, wash our hands carefully before we handle or partake of food, and let our associates know that we expect as much of them.

Parents and teachers may well accept the responsibility of training children in such habits of cleanliness and of disease prevention. Not diphtheria alone, but other diseases will be held in check. The common drinking cup should not be permitted in any school or any public place. A covered container with a faucet should be provided and every child should bring his own drinking cup.

There is another method by which children may be protected permanently from diphtheria, but it does not render needless the precautions suggested above and, anyway, that is another story.

THE OTHER STORY

Any child can now be made immune to diphtheria by three injections of a toxin-antitoxin mixture. This immunity appears about three months after the injections and lasts throughout the life of the individual. There are a few, about five out of a hundred, who require more than three injections. All children under school age should have the immunizing treatment. Children who are old enough to go

BUREAU OF COMMUNICABLE DISEASES—(Continued)

to school should have the Schick test before they are immunized, because many of them will, by means of this test, be found immune already and not in need of the injections.

Children who have had the immunizing treatment should, after a period of three months or more, be tested to see whether they have become immune or need further treatment.

The immunizing "shots" can be given by your family physician who will be furnished with the toxin-antitoxin mixture free, if he writes to the State Board of Health Laboratory, Jacksonville; but the Schick test is usually made by a health officer.

DISTRICT NO 5 (Headquarters) TALLAHASSEE

W. A. Claxton, M. D., District Health Officer

FLORIDA SUNSHINE

We hear references to the salubrious effect of our Florida sunshine and see many evidences of its benefits to thousands of our Northern neighbors who come to the state each year and bask in its health-giving rays. In many countries, notably Switzerland, the rays of the sun have been applied to the body for the express purpose of healing definite diseases. This treatment is known as "Heliotherapy" and was first introduced as a remedy for tuberculosis.

However, in many other diseases, in fact in most diseases and conditions where the body is run down and below par the "sun treatment" is beneficial and worth while trying. Chronic rheumatism, sciatica, chronic ulcers, sinuses, fistulas, chronic bowel trouble and many other conditions may be benefitted by a course of Heliotherapy or Sun Treatment.

While this treatment is used extensively in Northern states there is the disadvantage that it cannot be taken with comfort in cold Northern weather. This is where our Florida Winter climate is superior, because here the treatment can be taken throughout the year. It has been stated by competent authorities that Winter sunshine is of more benefit than the Summer sun.

There are a few points about the treatment that must be considered. There must be nothing between the sun's rays and the body. The benefit of the treatment depends to a great extent on the "ultraviolet" rays and these will not pass through glass or clothing; even a wire screen will prevent some of the rays from reaching the body. It is not sufficient to expose only the diseased area to the sun; the whole body must be exposed and this must be done gradually. The usual method it as follows: On the first day the feet and ankles are exposed, front and back, for five minutes. The second day the feet and ankles are exposed for ten minutes, and the legs to the middle of

DISTRICT NO. 5 (Continued)

the thighs for five minutes. The third day the feet and ankles get fifteen minutes exposure, the legs to the middle of the thighs ten minutes, and the rest of the legs including the hips five minutes. On the fourth day the same procedure is followed and includes the abdomen for five minutes. In this way the whole body becomes exposed in a week or so, and when this time is reached the exposure for the whole body is made for five minutes, front and back. This can now be increased five minutes each day until from two to four hours a day are spent in the sun. This may be divided into morning and afternoon sessions. The head should always be protected by a white hat or a towel. It is best to start the treatment under the supervision of a physician, who can note any irregularities of the pulse or temperature. The treatment requires considerable time to effect a complete cure but the benefits as manifested by relief of pain and a general feeling of well-being are usually noted in a few days or weeks.

Further information regarding this treatment may be had from the State Board of Health.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

CARE OF MILK

Buy only the best milk obtainable. It is the cheapest in the end.

Take milk into the house as soon as delivered and place in the refrigerator immediately, washing off the bottle, especially the neck, where it has been handled.

Bacteria—germs of communicable disease—increase rapidly in milk which stands in the sun or warms up, and such milk will sour quickly.

Keep milk in the original bottle in the ice box until the moment of serving. Milk which has been poured from the bottle should not be returned to it.

Keep the bottle covered with the paper cap or use an inverted tumbler, to prevent access to flies and dust, which may carry dangerous bacteria into milk.

Keep the refrigerator clean and sweet by means of good drainage and frequent washing with scalding water and washing soda, since milk quickly absorbs unpleasant odors and becomes unpalatable.

Wash milk bottles as soon as emptied, by rinsing with luke warm water and then with hot water. Stand upside down to drain and dry. Never return a soiled bottle to the dealer. Never use a milk bottle for any purpose except for which it is intended, as it is a violation of the law and may spread disease.

BUREAU OF SANITARY ENGINEERING (Continued)

Never throw an empty milk bottle into the garbage or rubbish. Return empty bottle promptly. Remember that they are the property of the dealer and represent cash.

Keep milk clean, covered and cold. It is the best food for all ages. When tired try a glass of milk. Milk that is clean and properly cared for is the best food. It is nourishing, digestible and economical.

Visit your dairy occasionally and see how your dairyman handles your food. Don't condemn the dairyman unless you know well of which you speak.

Remember that milk is the most important single food we have. It is an excellent food for bacteria which grows in it prolifically, many of these organisms produce changes in the milk quality. Because milk is such an excellent food and medium for bacterial multiplication, it is often a source of infection. Visit the dairy producing milk for your family and note whether the dairyman is as careful and clean as you would be in preparing your own food. Watch him milk and handle the milk, then note how the wastes and manure are retained and disposed of about the barn. Observe the presence of flies, as well as personal cleanliness of the dairyman, then conclude as to whether your milk is clean. Clean milk or food can only be produced under clean conditions.

Following will be found State Board of Health regulations governing the production and handling of milk and the management of dairies in the state of Florida and providing for the enforcement of same.

Section I. A dairy as used in this regulation is any place where milk or cream is handled, offered for sale or given away.

Section II. All dairies shall be provided with a pure water supply frequently examined and approved by the State Board of Health.

Section III. Every dairy shall be provided with a sanitary system of sewage or excreta disposal, either a sanitary privy or septic tank of such design as is approved by the State Board of Health.

Section IV. Every dairy shall be provided with a milk house which shall be a separate building located away from any source of contamination; floor plan dimensions of six by eight feet and at least ten by ten feet for dairies having more than one cow. The milk house shall have a cement floor, shall be properly screened and have a screen door opening outward provided with a suitable spring to keep it closed at all times. Interior construction shall be of smooth finish. There shall be racks for cans and bottles, so built that when these utensils are inverted on them, their mouths shall be opened to the air. All milk rooms shall be washed out frequently with water containing chloride of lime.

Section V. The dairy barn shall be reasonably clean, well ventilated and shall preferably have a cement floor. All newly constructed dairy barns shall be provided with cement floors.

Section VI. Following each milking all manure shall be removed

BUREAU OF SANITARY ENGINEERING (Continued)

from the cow barn to a point at least 200 feet distant and these accumulations shall be removed often enough to prevent fly breeding.

Section VII. All cows shall be healthy and free from disease; they shall be tuberculin tested. They shall be kept clean; the udders and teats shall be washed, and dried with a clean cloth before milking.

Section VIII. All milking shall be done with clean, dry hands into a fishmouth pail having an opening not to exceed eight by four and three-quarters inches. No other types are approved.

Section IX. Since dairy utensils are a highly important source of bacterial contamination of milk it is required that they be washed and sterilized promptly after using them, for otherwise bacteria multiply in them in such numbers as to make it almost impossible for the dairyman to sterilize them with the methods he ordinarily has at his disposal. All metal dairy utensils shall be in first class condition and the seams filled flush with solder. Previous to use, all utensils shall be rinsed in lukewarm or cold water, they shall then be washed in hot water containing an alkaline wash powder, after which they shall be sterilized either with live steam of boiling water. Strainer cloths shall always be boiled before use and dried quickly. When not in use all utensils shall be kept inverted and they, together with strainer cloths, shall be protected from flies and dust.

Section X. All pasteurizing shall be done between 142 and 145 degrees F., for not less than 30 minutes nor more than 45, and a recording thermometer shall always be used on the pasteurizing machine. Temperature charts shall be kept for at least six weeks.

Section XI. All milk shall be delivered within two hours from the time it is drawn from the cow or it shall be cooled and held at a temperature not above 50 degrees F., until delivered. No milk shall be delivered from uncovered vehicles unless the packages of milk are covered with a tarpaulin.

Section XII. Every case of communicable disease occurring in a dairy or in the family of any person handling milk shall be immediately reported to the nearest City Health Officer or to the State Board of Health giving details.

Section XIII. Any duly authorized representative of a city health department or of the State Board of Health shall be permitted at any time to enter any dairy to see that the provisions of this regulation are carried out.

Section XIV. Any person, firm or corporation failing to comply with the foregoing provisions shall be deemed guilty of a misdemeanor and when convicted shall be fined in the sum of not less than $5.00 or more than $50.00, or, shall be suspended from the operation of the dairy, and each time that such person, firm or corporation neglects, fails or refuses to comply with any of the provisions of this regulation shall be deemed a separate offense and punished as herein provided.

HERE AND THERE

"The Healthy Home", a health publication, says: "Indigestion and constipation, due to faulty habits of diet and exercise, speed the falling hair, while proper diet, rest, fresh air and exercise will help to retain Nature's covering for your crown."

Don't spend your health to gain your wealth;
You'll find it doesn't pay.
The Doctor's bills to cure your ills
Will take your cash away,
And you'll spend your wealth to gain your health.
Now really does it pay? "H. H."

A recent writer on hygiene has a "safety" first talk telling how not to get sick and not a "safety last" oration telling how to get well when sick. The eight thoughts presented are: avoid patent remedies, breathe fresh air, eat sensibly, pasteurize your milk, be regular, drink water, have this water pure, and keep clean.

Smallpox is endemic in the United States, that is, there are a few cases scattered here and there over the nation all the time. Now and then it becomes epidemic; many people become seriously ill, some are scarred for life with "pock marks" and, during the last few years, there has been a high percentage of deaths. Vaccination is the only protection. Have you had yours?

Prevent Malaria! The better you protect yourself from mosquitoes the less likely you will be to have malaria. Screen that house or at least sleep under a good net and don't sit on the porch at night. If your neighbor has 'chills and fever" and no screens, you might get your infection while sitting with him at night. Make your calls in the day, express your good wishes, or do your kindly errand and leave. Tarrying to visit is bad for the patient and dangerous for you.

Get your malaria cured: Quinine is the drug that will kill the malaria "germ". You get a little quinine in "chill tonic" and pay dearly for it. Quinine is cheaper than chill tonics and more effective. Your doctor should know best how to give it, but you will probably have to continue treatment for two months, if you don't want the fever to return.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
15-02	Mr. S. T. Gray	Carrabelle, Fla.
24-05	Mr. W. D. Etheridge	Tavares, Fla.
31-05	Mrs. D. H. Pettys	McIntosh, Fla.
31-08	Mr. John D. Walling, Jr.	Weirsdale, Fla.
33-01	Mr. H. P. Livingston	Box 393, Fernandina, Fla.
49-05	Mr. C. P. Mathews	Box 241, Lake Helen, Fla.
51-05	Mrs. A. L. Snell	Argyle, Fla.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

Number of Births, Deaths and Non-Resident Deaths for May, 1924 as compared with May, 1923

	COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
0.	State	1383	1540	1082	1043	50	51
1.	Alachua	36	49	29	26	2	.....
2.	Baker	9	9	6	2	.....	.....
3.	Bay	13	18	12	15	.....	.....
4.	Bradford	4	11	4	2	.....	.....
5.	Brevard	11	9	9	5	.....	.....
6.	Broward	12	13	11	10	.....	1
7.	Calhoun	22	13	3	4	.....	.....
55.	Charlotte	2	5	3	2	.....	.....
8.	Citrus	7	4	5	6	.....	.....
9.	Clay	2	6	4	10	.....	.....
62.	Collier (1)	.....	.....	.....	.....	.....	.....
10.	Columbia	22	16	16	15	.....	1
11.	Dade	135	95	75	62	6	4
12.	DeSoto	20	14	10	10	.....	.....
56.	Dixie	1	3	.....	.....	.....	.....
13.	Duval	187	185	184	139	27	18
14.	Escambia	70	69	58	47	2	.....
53.	Flagler	1	3	.....	4	.....	.....
15.	Franklin	4	11	2	3	.....	.....
16.	Gadsden (3)	25	27	54	37	22	17
57.	Glades	7	4	1	1	.....	.....
17.	Hamilton	6	16	10	3	1	.....
58.	Hardee	5	19	3	1	.....	.....
63.	Hendry (1)	2	.....	.....	.....	.....	.....
18.	Hernando	3	3	3	6	.....	.....
59.	Highlands	2	8	1	3	.....	.....
19.	Hillsboro	157	147	83	115	16	18
20.	Holmes	14	16	2	4	.....	.....
21.	Jackson	14	42	14	14	.....	.....
22.	Jefferson	15	20	20	15	.....	.....
23.	Lafayette	5	10	2	5	.....	.....
24.	Lake	33	24	20	18	2	1
25.	Lee	12	12	9	6	1	.....
26.	Leon	16	36	8	21	.....	.....
27.	Levy	10	11	6	11	.....	.....
28.	Liberty	6	5	6	6	.....	.....
29.	Madison	12	25	10	16	.....	.....
30.	Manatee	23	19	20	18	.....	2
31.	Marion	21	32	27	36	.....	1
32.	Monroe	16	36	22	13	2	1
33.	Nassau	8	10	8	18	.....	.....
34.	Okaloosa	18	10	5	4	.....	.....
54.	Okeechobee	.....	5	2	1	.....	.....
35.	Orange	36	42	38	36	2	9
36.	Osceola	12	12	12	9	2	2
37.	Palm Beach	41	36	33	26	6	2
38.	Pasco	4	12	6	12	1	.....

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
39. Pinellas	42	50	44	35	8	8
40. Polk	65	78	40	45	2	2
41. Putnam	23	23	16	16	5	.....
42. St. Johns	19	13	14	27	1	3
43. St. Lucie	24	29	4	11	.....	.....
44. Santa Rosa	13	20	9	12	.....	.....
60. Sarasota	3	14	5	4	.....	.....
45. Seminole	15	23	17	9	.....	1
46. Sumter	4	9	7	4	.....	.....
47. Suwannee	21	28	21	14	.....	.....
48. Taylor	8	11	3	2	.....	.....
61. Union	1	7	4	1	.....	.....
49. Volusia	25	30	31	36	2	2
50. Wakulla	5	4	3	8	.....	.....
51. Walton	24	13	4	7	.....	.....
52. Washington	10	25	4	5	.....	.....

(3) State Hospital inmates included.

Number of Deaths from Certain Causes for the Month of May, 1924 as compared with May, 1923

Diseases	1924 Total	1924 White	1924 Colored	1923 Total	1923 White	1923 Colored
Typhoid Fever	12	5	7	21	10	11
Malaria	12	5	7	13	5	8
Measles	14	7	7	11	9	2
Scarlet Fever	.....	.....	.....	.....	.....	.....
Whooping Cough	7	6	1	4	2	2
Diphtheria and Croup	2	1	1	3	3	.....
Influenza	8	2	6	10	4	6
Dysentery	15	10	5	7	5	2
Tetanus	4	1	3	9	3	6
Tuberculosis	73	33	40	99	45	54
Cancer	55	45	10	48	35	13
Pellagra	3	.....	3	13	4	9
Diabetes	7	6	1	9	9	.....
Cerebral Hemorrhage Apoplexy	70	40	30	57	40	17
Chronic Heart Disease	133	84	49	87	60	27
Disease of the Arteries	1	.....	1	7	6	1
Pneumonia	47	28	19	49	22	27
Diarrhoea and Enteritis (under 2 years)	42	18	24	46	28	18
Diarrhoea and Enteritis (2 years and over)	11	8	3	17	14	3
Chronic Nephritis	60	35	25	60	37	25
Total Puerperal State	23	11	12	19	14	5
Disease of Early Infancy	56	34	22	43	29	14
Senility	33	16	17	27	16	11
Suicides	4	2	2	4	4	.....
Homicides	18	4	14	24	5	19
Accidental Drowning	13	8	5	11	4	7
Railroad Accidents	2	.....	2	1	.....	1
Accidents by Firearms	8	3	5	5	3	2
Automobile Accidents	18	11	7	12	8	4

THE TRUSTFUL BUYER

WHY THE DIFFERENCE? SAFETY IS ESSENTIAL IN BOTH

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 16 NOVEMBER, 1924 NO. 11

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

ERADICATION OF RABIES

The subject of the eradication of rabies has been taken up quite a number of times in FLORIDA HEALTH NOTES but each time from a different angle. It behooves us, at this time, to approach the subject from another and quite different angle, i.e., the humanitarian angle. Too often steps taken by local authorities, drastic or otherwise, are condemned by humane societies and adverse criticism makes it impossible to enforce rules and regulations which would most satisfactorily remedy a serious problem.

The incidence of rabies is world wide and, from reliable statistics, appears to be increasing. A bulletin recently issued by the Lederle Laboratories indicates that, out of nineteen states reporting, fifteen showed an increase in rabies while but four showed a decrease.

Rabies in America is usually contracted from the dog and if rabies is to be controlled and eventually eliminated, it must be prevented before, rather than after, the disease appears. In fact it is the common belief of those who have studied the rabies situation in America that, if the prevalence of rabies in dogs could be eliminated, the disease in other animals and in man could be controlled and eradicated in a very short time.

There are very few preventive measures that can be adopted for the control of the spread of rabies. These include, first and of paramount importance, the licensing of all dogs, making as a prerequisite the immunization against rabies; the killing of all unlicensed dogs; quarantining and prohibiting dogs from running at large and muzzling.

It is realized that these are difficult measures to enforce because of the enormously large areas to be policed, but they have been enforced, and most effectively, too, in many sections of the country. In South Jacksonville recently, the Chief of Police handled an acute rabies situation in an admirable manner by issuing notice through the local press to the effect that any dog found on the streets without a muzzle, would be taken to the pound or shot on the street, three mad dogs having been killed during the two day period prior to the issuing of the order.

The real solution of the rabies control problem however, seems to be solved by the introduction of canine rabies vaccine which, if widely used, would reduce the incidence to a minimum.

Lederle says: "Until recently, no method of antirabic treatment ever suggested was practical for the purpose of protecting all dogs in a given locality before they had become exposed to the disease. In common with its use in man, antirabic treatment for animals has been given after the animal has been bitten by a rabid animal."

"An important advance now seems to have been made. Two Japanese investigators working at the Kitasato Institute for Infectious Diseases in Tokyo, found it possible to confer immunity on healthy

ADMINISTRATION—(Continued)

dogs by a single injection of vaccine. In the course of their experiments, five hundred dogs were vaccinated. No vaccination losses occurred, nor were there any dogs that contracted the disease. Subsequently, 31,307 dogs were vaccinated in Tokyo and vicinity with the result that in only one case did the vaccination fail in producing sufficient immunity against natural exposure. Although it was not possible to vaccinate all dogs in the district, yet vaccination brought about a seventy-five per cent reduction in the number of cases of rabies, and the disease occurred only in those dogs which had not been vaccinated. In a more recent report by one of the Japanese investigators, the results are presented of 104,629 preventive inoculations of dogs against rabies in Tokyo and Yokohama and their environs. It is shown that only forty-one of the inoculated dogs developed rabies; while, one thousand six hundred and sixty-nine of the non-vaccinated dogs contracted the disease, notwithstanding the fact that the non-vaccinated group represented only one-third of the total dog population."

The investigations made by the Japanese served as an incentive for two American research workers and they undertook to test the degree of immunity actually produced in dogs by a single vaccination. Their investigations confirmed those made by the Japanese and justified the conclusion that dogs vaccinated by the one injection method were satisfactorily and adequately protected.

Canine rabies vaccine has been extensively used since its introduction in America, during August of 1921, and statistics show that one hundred thousand dogs have been vaccinated by this method in the United States, available reports showing that all have been protected for a period of at least one year.

Compulsory vaccination of all dogs in many communities has been adopted and, in a number of instances, is a prerequisite for license. If every city, town or village, made the licensing of all dogs compulsory and would issue no licenses unless the animals were protected with rabies vaccine, the rabies problem would be solved in a very short time. Too, the compulsory vaccination of dogs is a humanitarian step in that it precludes the possibility of the dog becoming mad, suffering untold agony and dying a horrible death.

The Florida State Board of Health neither administers nor does it distribute canine rabies vaccine; however, the vaccine can be procured from almost any druggist and will be administered by any veterinarian, at very small expense, exceedingly small compared to its inestimable value.

Now is a good time to take typhoid "shots". The danger from typhoid is reduced almost to zero by three injections. This and strict attention to disposal of human wastes, cleanliness of person and food and drink are particularly appropriate to the season when there is a great movement of tourists and the children are getting off to school.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING SEPTEMBER 1924.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	466	886	30	4	30	1416
Diphtheria	566	65	29	86	27	773
Typhoid	259	216	29	9	15	528
Malaria	327	245	43	9	78	702
Rabies	13	8	.....	1	.....	22
Tuberculosis	179	78	23	3	10	293
Gonorrhoea	267	122	40	7	3	439
Syphilis	1618	392	.....	.....	.....	2010
Water: Bact. Exam.	.....	32	.....	34	.....	66
Water: Chem. Exam.	.....	.....	.....	2	.....	2
Milk. Bact. Exam.	21	21	3	146	11	202
Milk Chem. Exam.	22	21	6	294	11	354
Miscellaneous	30	10	13	.....	1	54
	3768	2096	216	595	186	6861

Specimen Containers Distributed During September, 1924.....6848

BIOLOGICAL PRODUCTS SENT OUT DURING SEPTEMBER, 1924

Diphtheria Antitoxin	10,000 Units	116
	5,000 Units	50
Schicks		1300 & Controls
Toxin Antitoxin		539 c.c.
Tetanus Antitoxin	20,000 Units	19
	10,000 Units	17
	1,500 Units	391
Antimeningococcus Serum		2 Cylinders
Typho Bacterin		697 Packages
Vaccine Virus		1350 Points
Antirabic Virus		28 Treatments

Birth and death records are now standardized in Florida. The birth records for the State will be accepted for publication by the Bureau of the Census, Washington, D. C., beginning January 1, 1924. Florida is now in the Registration Area for births and for deaths.

BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

MIND PROBLEMS OF THE GROWING CHILD*

(Continued from October issue.)

Clinical psychologists are indeed very helpful in determining the degree or approximate degree of feeble-mindedness but mental testing is a dangerous art in the hands of the inexperienced. The fact that an I.Q. (intelligence quotient) is only sixty or seventy means very little without full knowledge of all the factors, mental, physical, pathological, emotional and environmental, which go to make up the boy and girl. Some boys may steal, some girls may be promiscuous but this is not because their I.Q. is below 70 or 80 but because their whole personality is abnormal. Their equipment is uneven and their environment unfavorable. Poverty, disease, ignorance, overcrowding and neglect are more often the rule in such cases than the exception.

Tests Alone are not Enough.

Mateer, in her discussion of the variability of intelligence ratios, thinks that the I.Q. of any given child may decrease through a certain number of years or it may stand still or it may increase. Children after standing still at a rather low mental rating will sometimes show a very unexpected rebound toward the average, making up most if not all of their lost standing. Certainly the findings from a brief mental examination should not be considered as more than the basis for the present mental level unless the tests are used in conjunction with a complete survey of the child, his social, moral and educational behavior and his environmental, physical and hereditary handicaps. But simply because psychologists do not yet know about the nature of intelligence there is no reason for condemning the tests any more than one would condemn all uses of electricity on the ground that the physicists are not yet certain what electricity is.

With the clearing up of physical disorders—malnutrition or internal gland derangements, for example—normal intelligence rating has often accompanied normal physical rating. It takes a trained psychologist and a trained clinical psychologist at that, to appreciate the various states of mental derangement. If the sources of error in these intelligence tests are recognized and allowed for, they are of great practical value in the treatment of mental diseases and conduct disorders, in making an initial diagnosis and in working out the therapeutic measures necessary for the adjustment of many of these disturbances. Such recommendations must be based on a knowledge of the special abilities and aptitudes, discoverable only by the use of the various psychological tests. It is also well to remember that a psychological examination only reveals one side of a clinical picture which has manifold aspects.

The Child's Initial Capital.

We know that a child is not heir to any ideas. His emotions and ideas are not ready made. He has at birth a complicated nervous

Bureau of Child Welfare and Public Health Nursing—(Continued)

system made up of neurons which develop according to certain definite laws, the laws of sensitivity, conductivity and modifiability. He is born with a certain equipment known as potentialities for development—physical and intellectual, conduct and character development. This fund of potentialities or unlearned tendencies is the real capital with which the child starts his mental and nervous make-up. This capital not only makes progress possible but limits the extent to which progress and development may proceed in any given line. The child is not responsible for his conduct, thought and feelings, in so far as they are manifestations of the unlearned tendencies. He acts merely as a machine until experience or learning in some form teaches him the conscious development of his acts.

Experience, therefore, is the earliest teacher because of the plasticity of the child's mechanism. The same neuron action must produce the same result, but although the organism is a changing thing, differences in response are not haphazard. A careful study of the situation and a knowledge of the individual child concerned make is possible to predict behavior with an ever increasing degree of accuracy. We need added knowledge of the original equipment of children. We need to know the effect of sleep, nutrition, age and various kinds of experiences on the child's whole organism. Such knowledge will increase our power of anticipating the responses of a given child or group of children to any given situation.

Directing Original Responses.

John Dewey says "that all habits are demands for certain kinds of activity and they constitute the self." Traits, interests and capacities which are necessary to form into character, conduct and intellect are in the possession of every child for years and the responsibility for their use and development rests upon those who touch the children's lives closely. The original responses which the child makes are more or less crude but the modification and direction of these is what education means. The use of the fingers, for instance, is controlled and developed by giving him employment, by rewarding him pleasantly or unpleasantly for the result he achieves. You can teach a child to respond properly when confronted by a new situation by substituting new tools or new articles of diet and stimulating his responses so that he will form the proper habit of responding.

Importance of Environment.

Failure of the child to adapt himself in a satisfactory manner to the situations around him may depend on very intricate or involved factors which are often closely asociated. It may be a physical condition perhaps dependent upon nutrition or the improper balance of the glands of internal secretion or upon a nervous system incapable of functioning normally. Many children are more often the victims of their environment than their heredity.

There are certain instincts called innate tendencies, natural inclinations or propensities which lie dormant in the individual from birth but are ready to be called into use. The needed stimuli may

Bureau of Child Welfare and Public Health Nursing—(Continued)

come from within or from the environment and in guiding these tendencies with the desire either to inhibit or stimulate them we must study the mental life of the child, using behavior as the medium of interpretation. We must remember that the fundamentals for proper habit formation during childhood are plasticity, suggestibility and imitativeness and a love of praise. These are invaluable assets in our effort to develop personality. And since the home is essentially the most important place in which these personalities are being developed, the mental atmosphere of the home must be guarded from contamination.

Emotions Develop Before Reason.

The emotions are developed before reason in children just as they are in the history of the race. These emotions depend for their origin on certain primary instincts. The responses of a child to different situations are accompanied by emotions set into action by these primary instincts or by those deeper instinctive trends, the ego, the sex and the herd. The most lasting impressions come through the emotions and to ignore and suppress the energy of these original instincts and to substitute grown-up motives is a dangerous procedure.

(To be continued)

*—American CHILD HEALTH Association magazine.

CENSUS OF PUBLIC HEALTH NURSING

The National Organization for Public Health Nursing is taking a Census of Public Health Nursing, which will give the number of organizations employing public health nurses and the number of nurses employed in the United States on January 1, 1924.

Mrs. Laurie Jean Reid as Chairman of the Section on Public Health Nursing in the State Nurses Association is acting as the State Census Representative for Florida. Mrs. Reid will be responsible for sending out the Census forms to each organization in the State. After the forms have been filled in and all of them are returned to her she will send them to the National Organization for public Health Nursing for classification and tabulation.

The completed census of public health nursing for the State of Indiana gives the following facts:

Number of public health nurses January 1, 1924. Total 244.
Employed by Federal Organizations 9.
Employed by State Organizations, 9.
Employed by local Organizations, 226.

Similar facts will be obtainable from each State. In addition to the above facts the census when completed will give other information for each state, such as, the number of colored nurses, the number of nurses acting as supervisors, etc.

It is expected that Florida nurses will make prompt returns so that the facts about public nursing in our State will be available as soon as possible. In case your organizations has not received a census form please notify Mrs. Reid.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TUBERCULOSIS PREVENTABLE

The annual death rate in Florida from tuberculosis stays pretty close around 100 per 100,000 of population, and the total number of deaths from this disease is about a thousand a year. There is scarcely any alarm about this premature snuffing out of 1,000 useful lives by a disease that is both preventable and curable. There would be a great deal more excitement over a single case of yellow fever or plague. This is because every one is accustomed to the presence of tuberculosis; so accustomed, indeed, that precautions known to be effective in preventing it are adopted with great reluctance and abandoned soon after.

Tuberculosis is said to be a disease of ignorance and poverty. The ignorant and poor are not always, though often, responsible for their condition and one who, by greed or neglect, contributes to the poverty or ignorance of another may be responsible, if that other sickens and dies of tuberculosis.

It is the natural ambition of health workers so to inform and enthuse others that every available means of disease prevention will become effective. Only then will tuberculosis and other preventable diseases be prevented.

There are but two methods of preventing tuberculosis; one is to kill all the germs in sputum and discharges before they can do harm, that is, by having the right kind and quality of food, sufficient exercise, rest, fresh air and sunshine.

There are many publications which give the details of these methods. They should be read by intelligent people, not as a story is read, to be forgotten, but studied and remembered, so that they can be put into effect and explained to others.

Consumption is hastened by neglected colds, sleeping in crowded and stuffy rooms, working in confined atmosphere without fresh air, inhaling dust laden with consumption germs, through the habit of spitting on sidewalks and floors, close contact with careless consumptives and by milk from tuberculous cows.

Consumption can be cured by treatment in the early stage of the disease, avoiding excess of alcoholic drinks, sleeping and living in the open air, eating nourishing food and by following the advice of a capable physician.

Copy for a new bulletin on Tuberculosis has been prepared in the Bureau of Communicable Diseases and will be ready for free distribution by the time this issue of Health Notes reaches its readers. Copies may be had on request.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

AUTO TOURIST CAMPS

For the past several weeks the State Board of Health sanitary officers have been conducting a thorough survey and inspection of every tourist camp in Florida. Camps complying with State Board of Health regulations are formally permitted and are given "approved" placards. Camps not yet fully completed do not receive this "approved" card.

It is gratifying to find so many camps in first class condition. Never before at this time of the year have camp operators been so well prepared to handle the incoming business. Most camps are already accommodating tourists and some are filled to capacity.

It is especially encouraging to note the willingness of camp operators to comply with the State Board of Health regulations.

Following appears a list of the camps which have been certified to date:

City or Town	Name of Camp	Operator
Bradentown	City Camp	City
Bradentown	Braden Castle Camp	W. B. Jacobs
Delray	Zeders Camp	J. A. Zeder
Daytona	Highland Camp	W. L. Hamilton
Daytona	Cole Camp	J. R. Cole
Daytona	Daytona Auto Camp	A. H. Knapp
Daytona	Daytona Tourist Camp	J. E. Brown
DeLand	City Camp	City
Eau Gallie	Rocky Water Camp	Steriling & Spiller
Ellaville	Suwannee Camp	H. C. Noegil
Gainesville	Gainesville Auto Camp	W. R. Thomas
Haines City	Haines City Camp	Clark & Bradbury
Hollywood	Hollywood Free Camp	Mr. Schofield
Jacksonville	North Shore Beach Camp	L. D. Yates
Jacksonville	Pheonix Park Tourist Camp	J. C. Stevens
Kissimmee	Idora Camp	P. C. Rouse
Lake City	Lake View Auto Camp	Rev. Roy
Lake City	Lake City Fill. Sta. Camp	W. J. Shackelford
Lake Alfred	Camp Monson	John Monson
Lakeland	Kimbrough Camp	L. P. Kimbrough
Little River	Joy Camp	P. A. Joy
Miami	Griffins Camp	W. L. Griffin
Miami	Price Camp	H. W. Price
Miami	Morgans Camp	T. H. Morgan
Miami	Hoffmans Camp	L. A. Hoffman
Miami	McCrimmon Camp	Mrs. Mizelle
Miami	Miller Camp	Sam Sloman
Melbourne	Midway Tourist Camp	Art Ratliff
Melbourne	Riverview Tourist Camp	W. P. Sloan

BUREAU OF SANITARY ENGINEERING (Continued)

City or Town	Name of Camp	Operator
Little River	Little River Tourist Camp	R. H. Magwood
New Smyrna	Bass Camp	Z. Bass
Ocala	Ocala Camp Grounds	T. Perkins
Sarasota	Indian Beach Camp	J. W. Brooks
St. Cloud	Alligator Lake Camp	E. B. Richards
Stuart	St. Lucie Tourist Camp	G. D. Woodrum
St. Augustine	Post Camp	O. Post
St. Augustine	Dillon Camp	J. W. Dillon
Silver Springs	Hartmans Auto Camp	C. D. Hartman
St. Petersburg	Lewis Tent City	John Anthony
Tampa	Six Mile Creek Camp	A. Parsons
Tampa	Pine Auto Camp	C. S. Bartholomew
Tampa	DeSoto Park Camp	Wright & Lynch
Tampa	Fishers Camp	W. S. Crosby
West Palm Beach	City Camp	City

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying July, 1924 accounts	$70,703.18
August, 1924 Receipts	8,617.94
Total	$79,321.12

DISBURSEMENTS

August, 1924 Disbursements	$15,935.88
	$63,385.24

DISBURSEMENTS FOR AUGUST, 1924 ITEMIZED

Administration	$2,568.49
Engineering	2,879.30
Laboratories	2,725.03
Child Welfare	1,783.15
Orthopedic	1,091.98
Vital Statistics	1,732.77
Multigraph	134.92
Biologics	720.59
Communicable Disease	2,299.65
	$15,935.88

FOREIGN LETTERS*

Verdict of Manslaughter Against Dr. Hadwen by Coroner's Jury

The death of a girl, aged 10½ years, from diphtheria, has proved an awkward event for Dr. Hadwen, the leader of the antivivisectionist and antivaccination agitation in this country. His activities are also well known in America. At a coroner's inquest the mother stated that she called in Dr. Hadwen, August 1, and that he said the child had a bad throat and talked thickly. He ordered a gargle of warm water and vinegar. He examined the child's throat, chest and back. He saw the child again, August 4 and 6, and told her to paint the throat with glycerine, as she could not gargle. August 9, he said there was scarcely anything the matter and that the child would soon be well. In the evening another physician was called in, who diagnosed diphtheria and pneumonia, and gave little hope. The child died soon after midnight. This physician stated that if he had found the earlier symptoms described by the mother he would have taken a swab, pulse and temperature. He criticised Dr. Hadwen's treatment as of little value, and thought that accurate diagnosis and proper treatment would have saved the patient's life. Another physician, who made the necropsy, confirmed the diagnosis of diphtheria and pneumonia. Leaving bacteriology out of question, he thought that a physician attending the case should have suspected diphtheria from the symptoms. Dr. Hadwen gave evidence to the effect that he had attended a brother and sister of the deceased in July and found no symptoms of diphtheria after considering the question whether they were suffering from it. August 1, he found the deceased suffering from a bad cold, considered the question of diphtheria, and came to the conclusion that her case was similar to that of her brother and sister. He had felt the child's pulse, usually looking at the throat at the same time, on each occasion that he was in the house. He maintained that it was easy to diagnose diphtheria as the membrane could not be mistaken. He did not take a swab because he believed the diphtheria bacillus was found in every kind of sore throat and in the majority of healthy throats. In reply to several questions on this point by the coroner, Dr. Hadwen maintained his opinion and finally said, "I should like to point out that the modern germ theory is all bosh." There were, he said, no symptoms or signs of diphtheria from first to last, but when he saw the child, August 9, there was a marked change and croupous pneumonia of the right lung. He had not told the mother there was little the matter. He attributed the pneumonia to the fact that the child had gone downstairs barefoot two days before death to get a drinkof water. The jury returned a verdict that "the child died from diphtheria and pneumonia and that Dr. Hadwen failed to show competent skill and special attention, in consequence of which failure, the child died." The coroner said that in law this was a verdict of manslaughter, and committed Dr. Hadwen to take his trial at the next Gloucester assizes, allowing bail.

*—The Journal of the American Medical Association, October 4, 1924.

DOES IT PAY TO HAVE A HEALTH EXAMINATION?

"There is always something new."

"I thought it was bad enough when Johnnie came home with a paper to sign, 'was I willing for him not to have diphtheria'. Goodness knows I have had the doctor enough and I don't want him to get sick, but how is a person going to know if it is all true what they tell you about looking at the little red spot on the arm to see if you are going to have diphtheria or not, after the doctor has punched a needle into you. I declare I don't know what to think."

"And now my husband has just come home from lodge and told me that a man came to talk to them about going to the doctor to be examined on your birthday. Why on your birthday, I don't know and why you should go to see a doctor when you aren't feeling sick, I can't understand."

"Yes, Mrs. Smith, I have heard all about that, too, and I was just' as puzzled over it as you were, but my husband explained it to me. You know I have been taking my little girl down to the Well Baby Conference and they weigh her every month and look her over, and when she doesn't look just right, or doesn't gain enough, the doctor tells me what to do for her. He says it is just like the old saying, 'a stitch in time saves nine.' If you find a little something wrong, maybe you can stop it before it causes any more trouble."

"After my husband explained it all out to me I figured that it might be just like that with grown folks. If you don't have your health, everything goes wrong. So if you go to see your doctor once in a while, he can look you over just as he does my little Mary and if he finds anything wrong, he can tell you what to do to avoid being sick. It would be great, wouldn't it, to be sure you were doing the right things to keep healthy all the time; and the doctor could tell you that, or give you some advice about what to do if he thought you weren't quite as healthy as you ought to be.

"I think I am pretty healthy. Certainly I work hard enough all day, but I get tired sometimes and maybe there is a reason for this. I read in the paper the other day "you ought to know about the value of the foods you eat, that when you sweep and dust all the morning it takes so many calories to supply you with the energy." That isn't quite clear to me. I have an idea that it means that I need to eat more food when I am extra busy, like the days I do the washing and ironing, for instance. Perhaps that is why I have a headache and get faint about noon.

"Anyhow, we have decided, my husband and I, that we will each go and see the doctor and have a good physical examination to make sure that we are all right.

"My husband went to the movies last night (I wanted to go too but I don't like to keep Mary up so late). He told me about a picture he saw on this very subject. It was about a man who was fixing his automobile; he was trying all the parts of the engine and oiling it and looking it all over, when the mail man came and brought him a letter. He opened the letter and it told about having a physical examination. He laughed at this because he was so healthy. 'Never been sick a day in my life'; but while he was reading the paper he had kept his engine running and it nearly blew up because the water dried up in the radiator. He put some water in and it cooled down. He began to think about that physical examination and thought perhaps it was a good thing after all. He had thought his engine was all right too; but there it was at the danger point right before his eyes, and it was only by his prompt action that he avoided trouble. So he rushed off to the doctor's where you could see him having his examination. The doctor found him in pretty good shape, but when he tested his blood pressure, he found it much too high. He told him this would have been dangerous if he had let it go. He advised him what to do, and the man was interested enough by this time to follow his advice (he could see that it was just like that over-heated engine in his automobile). The picture ended by showing the man a year later coming for another examination. This time the doctor found nothing wrong because he had followed his advice and taken as good care of himself as he did his automobile."

And so the seed was dropped while the two neighbors discussed their family problems over the back fence.

—Connecticut Health Bulletin.

A confidential talk now and then between father and son or between mother and daughter is the best safeguard against the mistakes of youth and the diseases of immorality.

DON'T SCOLD AT THE TABLE

Nagging, fault-finding and family differences are often responsible for the poor appetites of children at meal time, declares Dr. Frank C. Neff, Kansas City children's specialist, in Hygeia for August.

"Few adults would relish their food if constantly admonished with every mouthful they take," Dr. Neff says. "Constant reminders, well-meant assistance, criticism, punishment, coercion—all are unnecessary, harmful and without desired results. Any one who deals with children comes to appreciate the fact that the influence of over-anxious, excitable, constantly reminding elders is not conducive to the uninterrupted meal of the children.

"Family differences at the table, fault finding, criticism of the food, threats of punishing the child for refraction of the rules are a few of the factors that destroy morale. An improvement in the child's appetite will result when these habits of environment are corrected.

BUREAU OF VITAL STATISTICS.

Stewart G. Thompson, D. P. H., Director

FLORIDA QUALIFIES FOR UNITED STATES BIRTH REGISTRATION AREA

The admission of Florida to the United States Birth Registration Area marks the passing of an important mile-post in the advancement of public health service in the State. It demonstrates the kind of success that invariably results from the active cooperation of many agencies whose ultimate object is public welfare.

Birth registration in Florida is now recognized as standard for the United States Birth Registration Area which means that it is more than ninety per cent complete. The birth records for the current year will be accepted in Washington as a part of the census reports for 1924.

The Federal test was begun in Florida by Mr. C. C. Jermane, Special Agent of the Bureau of the Census, September 15, and completed during the month of October.

WESTERN UNION TELEGRAM

Washington, D. C., October 10, 1924

Thompson,
Director Bureau of Vital Statistics,
State Board of Health,
Jacksonville, Fla.

Pleased to admit Florida to Birth Registration Area, Nineteen Twenty-Four.

(Signed) W. M. Steuart, Director.

While the results of the Federal test show that births in the State as a whole are being reported more than ninety per cent complete, it must be remembered that some areas fall short of that standard. The situation simply means that the activities looking toward complete registration in the State will by no means be suspended because of admission into the Birth Registration Area. On the other hand this success will only spur us on to still greater improvement.

It is no less important that all births should be reported from the sparcely settled districts in the State than from the densely populated areas. The value of such reports to the children concerned and to public health administration is equally great in all parts of Florida.

Much of the improvement in birth registration is due to the splendid cooperation of the six hundred registrars, the untiring efforts of the physicians, the Florida Press and Women's Clubs.

BUREAU OF VITAL STATISTICS—(Continued)

The thirty-two states listed below are in both the Birth and Death Registration Areas of the United States.

California
Connecticut
Delaware
Florida
Illinois
Indiana
Iowa
Kansas
Kentucky
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Montana
Nebraska
New Hampshire
New Jersey
New York
North Carolina
Ohio
Oregon
Pennsylvania
Rhode Island
South Carolina
Utah
Vermont
Virginia
Washington
Wisconsin
Wyoming

Six states named as follows are in the United States Registration Area for Deaths, but are not included in the Registration Area for Births.

Colorado
Georgia
Idaho
Louisana
Missouri
Tennessee

IS MODERN LIFE TOO STRENUOUS!

One out of every 123 persons in the United States is confined in an institution supported by the state because he is either mentally defective, dependent, criminal or delinquent, according to figures given in the September Hygeia, popular health magazine (Chicago).

"The fact that so large a part of our population does not meet the demands of society must inevitably arouse the question whether the strain of modern civilization is passing the limit of human endurance," it declares.

In regretting the large amount of juvenile delinquency, the magazine puts the blame on the lessening of intimate home ties, which formerly were the pride of American home life.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
37-08	F. L. Young	Salerno, Florida
5-01	Helen G. Crannell	Titusville, Florida
21247	E. T. Pledger	Rt. A Box 66, Marianna, Fla.

UNITED STATES REGISTRATION AREA FOR

EVERY STATE IN THE REGISTRATION AREA BEFORE 1930
FLORIDA QUALIFIES FOR 1924

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 16 DECEMBER, 1924 NO. 12

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

MUMPS

Mumps is a highly contagious, but not very serious epidemic, disease chiefly occurring in individuals between the ages of five and fifteen, although any one over or under these ages may become affected.

The disease is usually preceded by loss of appetite, irritability and feverishness, the actual symptoms becoming evident any time between three and twenty-five days after infection, but usually developing in from seventeen to twenty-one days.

The onset of the disease is marked by swelling and pain of one or both parotids followed by fever, pain and swelling about the lobe of the ear. There is more or less regidity of the jaw and difficulty and pain in chewing, swallowing and talking. There is a mild temperature which lasts about two days during which time the patient should remain in bed. Unless there is a second rise in temperature which heralds the involvement of another salivary gland or the onset of complications, the disease will have reached its height on the third day and will subside, generally, in about seven or eight days, with complete recovery in ten days.

One attack of mumps may confer immunity on an individual for life; however, second attacks are by no means unusual and third attacks have occurred, although not frequently.

Mumps is contagious before, and sometimes six weeks after the swelling has been reduced, the germs contained in the secretions from mouth and nose. Contagion is not air borne and it is rarely, if ever, that the disease is spread other than by direct contact. It is spread, as a rule, by direct contact before the infected person is aware that he has the disease.

In general, the prognosis in mumps is good, the most frequent complication being orchitis which may be avoided if a period of time during and for six or seven days after the fever, the patient remains in bed. Respiratory complications may be bronchitis, bronchopneumonia and lobar pneumonia and deafness sometimes but rarely occurs following the attack.

There appears to be but little, if any, treatment or relief for mumps other than complete rest and relaxation and the application of hot compresses to the swollen parts. Saline laxatives should be taken and the diet should be light, soft foods being most important.

The appearance of pneumonic plague in Los Angeles should arouse the interest of the entire country in rat eradication. The pneumonic type of the disease is spread direct from person to person, but plague is primarily a disease of rats and their destruction is of the utmost importance. There are many cities with rat-proofing laws, the enforcement of which should not be put off until there is serious and imminent danger.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING OCTOBER, 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	818	816	20	47	77	1778
Diphtheria	1040	287	63	194	129	1713
Typhoid	131	180	24	17	35	387
Malaria	252	225	30	16	56	579
Rabies	15	14	.....	1	.....	30
Tuberculosis	157	83	12	6	12	270
Gonorrhoea	271	98	37	25	26	457
Syphilis	1815	470	.....	.....	.....	2285
Water: Bact. Exam.	.....	26	.....	10	.....	36
Milk, Bact. Exam.	39	25	.....	385	15	464
Milk, Chem. Exam.	39	20	2	394	15	470
Miscellaneous	47	11	45	9	.....	112
	4624	2255	233	1104	365	8581

Specimen Containers Distributed During October, 1924 7238

BIOLOGICAL PRODUCTS SENT OUT DURING SEPTEMBER, 1924

Diphtheria Antitoxin	10,000 Units	186
	5,000 Units	57
Schicks		500 & Controls
Toxin Antitoxin		811 c.c.
Tetanus Antitoxin	20,000 Units	14
	10,000 Units	16
	1,500 Units	309
Typho Bacterin		296 Packages
Vaccine Virus		2330 Points
Antirabic Virus		40 Treatments

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

ANTI-TOXIN NOT THE BEST DIPHTHERIA PREVENTIVE

Although antitoxin is the only reliable agent for the cure of diphtheria and although it cures practically every case, if injected early enough and in sufficient quantity, yet it has proven a failure as a prophylactic or preventive measure and the Florida State Board of Health refuses to furnish it for that purpose. This is not on account of the cost of antitoxin which is furnished freely for curative use, but for the following reasons: first, because persons who receive the preventive dose after exposure often become carriers and expose many others to virulent infection, though they develop no symptoms themselves. An occurrence of this kind in a Florida town a number of years ago is well remembered. At first there were but a few cases, antitoxin was given freely to any one supposed to have been exposed, nevertheless there were many new cases and the disease was not controlled until all school children were cultured, nearly one hundred carriers recognized and kept in isolation so long as diphtheria bacilli could be found in their noses and throats. Contacts should be isolated until shown by culture to be free of diphtheria germs. Second: because antitoxin sometimes fails to protect when given at the end of the incubation period and when the carrier state persists or infection takes place after the antitoxin has been eliminated. The presence of injected antitoxin may interfere with active immunization with toxin-antitoxin. Third: because the person who receives the preventive dose may become sensitized to the foreign proteins of the serum and, when injected later with serum for any purpose, develop unpleasant—even dangerous—symptoms in the form of serum rashes or serum collapse. Fourth: because many persons in every community are immune already and will receive no benefit from the preventive injection.

In secondary cases of diphtheria, the diagnosis is made and treatment started more promptly. The death rate is consequently reduced to almost nothing and the danger of delaying treatment until symptoms appear is almost negligible.

The greatest safeguard against diphtheria is active immunization with toxin-antitoxin, preceded in children of school age by the Schick test which eliminates quite a number who are already immune.

NOTES FROM THE DISTRICTS

DISTRICT NO. 5 (Headquarters) Tallahassee

W. A. Claxton, M. D., Dist. Health Officer

OCTOBER ACTIVITIES

Visits were made to thirty-four communities during the month. One thousand nine hundred and sixty-five children were examined in thirteen schools in Franklin and Jackson counties. This includes three hundred and forty-six boys in the State Industrial School at Marianna.

NOTES FROM THE DISTRICTS—(Continued)

Investigation of communicable disease resulted in the discovery of forty-eight cases, twenty-three of whom were excluded from school.

The employees who are engaged in the kitchens and dairy at the Florida State College for Women, were examined for communicable disease.

Diphtheria prevalence at Marianna, Fanlew and Tallahassee was investigated.

DISTRICT NO. 2, Headquarters—Fort Pierce
C. R. Weirich, M. D., District Health Officer.

In the East Coast District the month of October was given over largely to the showing of health pictures. Twelve showings were given and the total attendance was approximately three thousand. Much interest was evident everywhere and expressions of appreciation were frequently heard. A part of the itinerary had to be abandoned on account of rain and high water.

All the schools of Osceola and Brevard counties were visited during the month. All the children, 3702 in number, were inspected for communicable diseases and health talks were given in each of the 37 schools visited. Twenty other addresses were given on public health topics and nearly two hundred interviews and conferences were held.

During November the school children and many of the children under school age in Brevard county were examined for physical defects; sixteen health talks were given and 125 interviews and conferences were held, chiefly for discussing the physical defects of children and their correction.

BUREAU OF ACCOUNTING
Screven Dozier, Auditor

RECEIPTS

Balance after paying August, 1924 accounts	$63,385.24
September, 1924 Receipts	7,662.51
Total	$71,047.75

DISBURSEMENTS

September, 1924 Disbursements	$15,432.58
Balance	$55,615.17

DISBURSEMENTS FOR SEPTEMBER, 1924 ITEMIZED

Administration	2,733.88
Engineering	2,786.30
Laboratories	2,402.75
Child Welfare	1,479.93
Orthopedic	1,058.12
Vital Statistics	1,578.31
Multigraph	110.00
Biologics	1,523.40
Communicable Disease	1,759.89
	$15,432.58

BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

MIND PROBLEMS OF THE GROWING CHILD *

(Continued from November issue.)

Childhood is the period in which the different traits of character make themselves known. It is also the time when such traits can be stimulated or encouraged or perhaps colored by the development of some other habit. There are over-developed and under-developed or abnormally developed habits with which parents have to struggle for years, sometimes consciously, more often unconsciously. This is particularly true in what we call the "nervous child". Fortunately many maladjustments among children correct themselves spontaneously.

THE YEARS BEFORE NINE COUNT

The greatest physiological fact in the normal growing child is to be sensitive to what happens to them and to be changed thereby. plasticity which means the power of the nervous centers or neurons Children, fortunately, possess this to an extreme degree. Plasticity in childhood is greater along muscular lines than it will ever be again and muscular habits are more easily developed now than ever again. Further, the sensory motor tracts retain their impress longer if developed at this time than at any other. Therefore the years before nine are pre-eminently the ones in which to establish good physical as well as good mental habits.

Hygenic habits of eating and sleeping at regular periods, of evacuating the bowels, habits of cleanliness and tidiness, habits of posture and carriage of the body, language habits, proper use of the mother tongue as well as of a foreign language, habits of the use of tools and instruments, all should be acquired during this early period. If the habits are good and the child has made a splendid beginning toward being a normally developed individual. He has the capital the benefits of which he will feel as the years pass. If the habits are bad ones, just the reverse will be true. His habits must be either good or bad. The child during these early years cannot avoid forming habits. It is the nature of his nervous system to be modifiable. The laws of habit formation are most important to recognize. "Let a child run until he is six and you will never catch him" is a wise old adage based on the importance of thehabit forming years.

In all these problems the question of heredity must not be ignored. We know fairly definitely the relation of heredity to feeble-mindedness,— such as has been demonstrated in the Jukes and the Kallikak families and to a lesser degree in hundreds and thousands of other families. We are also just as certain of the results of such diseases as syphilis with the train of mental and social deterioration which follows in its wake. It is not only a wastage of life which results but also physical, mental and moral deterioration for which the community as well as the individual continues to pay one generation after another. Fortunately nature tends to return to and produce the normal rather than the abnormal.

*—Child Health Magazine.

HERE AND THERE

The fundamental laws of health are not changed by the acts of the legislature or rules of the State Board of Health, nevertheless they should be obeyed, because obedience to the fundamental laws is the duty not made, but only defined by legislative acts.

Hookworm disease circled the globe years in advance of the air scouts. All honor to the men who have conquered the air. Down with the blood sucking parasite. Defeat of the hookworm could be accomplished in a season at little expense of time or money, but it requires a little intelligent effort from every community and every household. Proper disposal of human excrement, that is the remedy.

Self treatment with simple home remedies may perhaps be applied safely in cases of illness from minor and easily recognized diseases, but great caution is necessary to avoid the use of drugs so powerful or in such doses that serious poisoning may result. There is also danger that the recognition of a serious disease may be so long delayed that it will become incurable. It is better, even if a little expensive, to consult a physician.

LOCAL REGISTRARS APPOINTED

Number	Name	Address
21017	J. N. C. Hart	Rt. B, Box 70, Marianna, Fla.
27017	F. B. Marshburn	Bronson, Fla.
27177	H. P. Rozier	Tidewater, Fla.
4103	William B. Sanderson	Interlachen, Fla.
4404	Mrs. Rosalie Griffin	Indian Ford, Fla.
37087	Mrs. R. F. Hays	Dowling Park, Fla.
51117	Lee H. Jernigan	Box 57, Freeport, Fla.
51187	George Gibbon	Santa Rosa, Fla.

YOU NEED GOOD HEART TO CHASE STREET CAR

Before you pursue a street car, or climb four flights of stairs, or engage in a marathon race, you had better learn definitely that your heart is normal and able to respond to unusual exertion, warns Hygeia, popular health magazine published by the American Medical Association.

The old idea was that an athlete or physical laborer sometimes overworked himself and strained his heart. Dr. John Parkinson, a London authority on heart disorders, believes that the heart has scarcely ever been injured by physical strain alone, but unquestionably the heart muscle has been already diseased or it would not have yielded to any exertion that could ordinarily—or even extraordinarily —have been placed upon it.

Dr. Parkinson's idea is that the great value of unusual exertion is that it calls attention to previously unsuspected disease of the heart tissue. This indicates the importance, above all things, of knowing that the heart is able to respond to unusual exertion before putting a great strain upon it.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D. P. H., Director

Now that the birth registration test is over and a satisfactory showing made for the birth records of Florida, we must not fail to keep up the good work.

A birth certificate should be filed within ten days after a baby is born. It is the duty of the physician in attendance to file the birth certificate. If there was no physician in attendance it is the duty of the midwife to file the certificate of birth. If neither a physician or a midwife was in attendance than the parents of the child are responsible for the filing of the official record which is proof of American citizenship.

The State of Florida is nationally known for its wonderful climate and other resources. It is therefore imperative that we should look after the very first essential in the value of a State i. e., its people. If a birth certificate is not filed for each baby born in Florida, the natives of this State will not have proper protection, as a record of the most valuable asset in the whole State is then not complete.

A notice of birth registration is mailed to every new mother in the State by the Vital Statistics Bureau, and if this notice is not received within sixty (60) days from date of birth the parents should make an investigation.

During the first nine months of this year eighteen thousand seven hundred and fifty-four (18,754) birth certificates were filed for living births in this State, as compared with a total of sixteen thousand six hundred and seventy-one (16,671) for the same period last year. This is a net increase of two thousand and eighty-three (2,083) births

During the first nine months of this year eleven thousand six hundred and ten (11,610) death certificates were received, as compared with ten thousand and seventy-nine (10,079) for the same period last year. This means that one thousand five hundred and thirty-one (1,531) more persons died in the first nine months this year than during the first nine months of 1923. Several reasons may be suggested for this increase in the number of deaths recorded. It may be partially due to the fact that more winter tourists visited the State this year than during the previous year. It may be partially due to the fact that death registration is more efficient and therefore a trifle more complete, although we have been in the Registration Area for Deaths since 1919, and our death registration has always been of a high standard. The increase could have been effected by the increase of population by so many families moving to Florida to make this their permanent home.

The natural increase of population in Florida for the past nine months is seven thousand one hundred and forty-four (7,144). This represents the excess number of living births over the actual number of deaths occurring during this period. The natural increase of the population as stated above does not include the tourist population which is moving to Florida from northern states and making this their home.

BUREAU OF VITAL STATISTICS—(Continued)

A dream of many years ago has now been realized. Birth and death records for those who are born and those who die in the State of Florida are now standardized and officially recognized as authentic and complete by the United States Government aside from the legal use of these records which is indeed in inself of great value and are used by hundreds in the State, the records are also being used as a health index and a measuring unit of progress in public health and sanitation with splendid results.

LOCAL REGISTRARS PLEASE NOTE

In our annual report the number of births, the number of deaths and the infant mortality rate will be shown for different municipalities in the State. It is therefore of great importance that the proper primary district number be shown on birth and death certificates sent in from your district.

If a birth occurs inside the city limits, the name of the city or municipality should be shown in the upper left hand corner of the birth or death certificate and the primary district number to correspond with this city number should be shown in the center of the certificate. If the birth or death occurs outside of the city limits then the name of the city or municipality should not be shown in the upper left hand corner of the birth or death certificate and the voting precinct number should be shown as the primary district number.

For instance, if a birth or a death occurs just outside the City of Sanford, then Sanford and the primary registration district indicating Sanford should NOT be shown as place of birth or death. The information desired on these certificates is the actual place of birth or the actual place of death when referring to the decedent. This information is extremely important and may reflect favorably or unfavorably on the standing of a municipality.

PHYSICIANS PLEASE NOTE

Please mark birth certificates very carefully in the upper left hand corner under place of birth. If birth occurs inside of the city limits of a city, show the name of the city as the place of birth. If a birth occurs outside the city limits do not show the name of the city under place of birth at all even though the parents address may be shown as a certain city. This information is very important and means a great deal to the Department when figuring birth, death and infant mortality rates in different cities and municipalities.

UNDERTAKERS PLEASE NOTE

Please be very careful to show the actual place of death in the upper left hand corner on the death certificate. If a death occurs inside of the city limits the name of the city should be indicated in the upper lefthand corner of the certificate. If the death occurs outside the city limits, then the name of the city should NOT appear in any way under the place of death.

BUREAU OF VITAL STATISTICS

Number of Births, Deaths and Non-Resident Deaths for September, 1924 as compared with September, 1923.

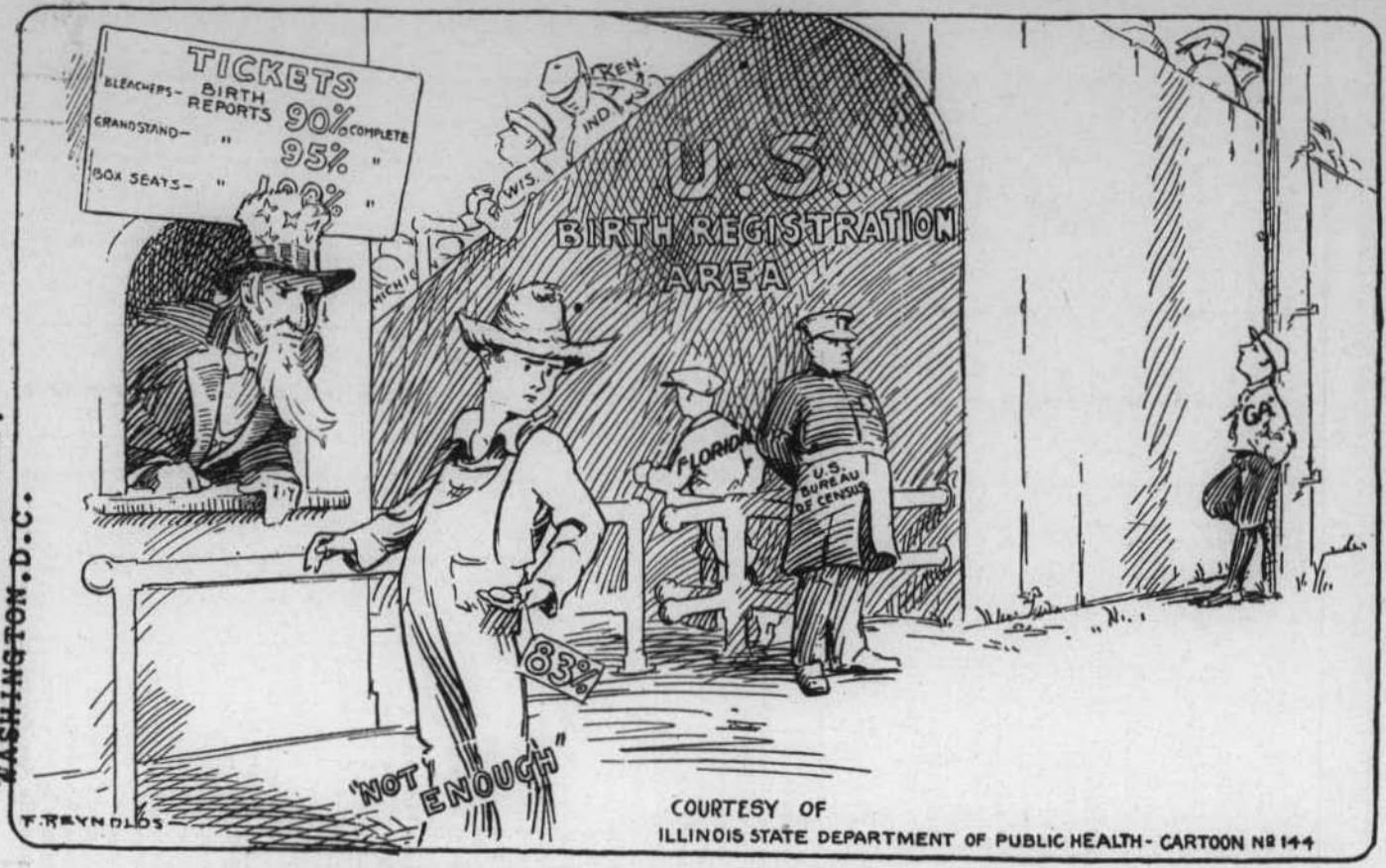
	COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
0.	State	1934	2175	1006	1072	35	25
1.	Alachua	27	68	19	44	.....	.....
2.	Baker	15	13	1	3	.....	.....
3.	Bay	18	22	.....	9	.....	.....
4.	Bradford	15	8	6	6	.....	.....
5.	Brevard	19	26	12	7	1	.....
6.	Broward	13	12	6	6	.....	.....
7.	Calhoun	25	23	6	2	.....	.....
55.	Charlotte	2	3	3	1	.....	.....
8.	Citrus	18	7	3	6	.....	.....
9.	Clay	2	10	7	2	.....	.....
62.	Collier (1)	1	.....	.....	.....	.....	.....
10.	Columbia	24	29	11	10	.....	.....
11.	Dade	168	166	91	71	2	3
12.	DeSoto	12	22	14	7	2	.....
56.	Dixie	.....	.....	7	1	.....	.....
13.	Duval	224	260	152	163	19	19
14.	Escambia	63	110	43	45	1	1
53.	Flagler	.....	5	1	1	.....	.....
15.	Franklin	4	16	5	3	.....	.....
16.	Gadsden (3)	47	59	61	51	28	19
57.	Glades	.....	6	.....	.....	.....	.....
17.	Hamilton	16	14	5	9	.....	1
58.	Hardee	7	27	5	5	.....	.....
63.	Hendry (1)	1	.....	1	.....	.....	.....
18.	Hernando	7	9	3	6	.....	.....
59.	Highlands	7	19	.....	2	.....	.....
19.	Hillsboro	266	241	99	88	16	11
20.	Holmes	27	15	9	3	.....	.....
21.	Jackson	48	73	19	30	.....	.....
22.	Jefferson	25	32	15	23	.....	.....
23.	Lafayette	8	10	.....	5	.....	.....
24.	Lake	26	24	18	18	1	1
25.	Lee	8	15	8	8	.....	.....
26.	Leon	22	35	9	21	.....	1
27.	Levy	18	16	9	14	.....	.....
28.	Liberty	5	19	2	5	.....	.....
29.	Madison	17	45	7	21	.....	.....
30.	Manatee	30	20	14	13	.....	.....
31.	Marion	33	41	28	29	.....	1
32.	Monroe	38	36	14	23	1	.....
33.	Nassau	15	9	8	5	.....	.....
34.	Okaloosa	26	21	3	12	.....	.....
54.	Okeechobee	3	7	.....	.....	2	5
35.	Orange	68	48	33	34	.....	1
36.	Osceola	8	9	6	12	3	1
37.	Palm Beach	60	38	34	30	.....	.....
38.	Pasco	8	10	4	11	.....	.....

COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
39. Pinellas	54	37	36	18	6	4
40. Polk	94	87	46	43	2	1
41. Putnam	31	38	13	18	.....	2
42. St. Johns	20	23	19	20	4	1
43. St. Lucie	26	24	6	8	.....	.....
44. Santa Rosa	22	31	6	5	.....	.....
60. Sarasota	5	7	3	4	.....	.....
45. Seminole	29	30	7	12	.....	.....
46. Sumter	16	8	7	11	.....	.....
47. Suwannee	32	42	9	16	.....	.....
48. Taylor	18	9	8	7	.....	.....
61. Union	7	8	1	4	.....	.....
49. Volusia	33	67	24	25	1	1
50. Wakulla	7	10	1	1	.....	.....
51. Walton	27	31	12	11	.....	.....
52. Washington	19	25	7	4	.....	.....

(3) State Hospital inmates included.

Number of Deaths, from Certain Causes for the Month of September, 1924 as compared with September, 1923.

Diseases	1924 Total	1924 White	1924 Colored	1923 Total	1923 White	1923 Colored
Typhoid Fever	11	6	5	19	12	7
Malaria	25	12	13	45	28	17
Measles	.....	.....	.....	6	3	3
Scarlet Fever	.....	.....	.....	.....	.....	.....
Whooping Cough	2	2	.....	3	1	2
Diphtheria and Croup	12	7	5	7	5	2
Influenza	3	.....	3	3	3	.....
Dysentery	5	2	3	7	2	5
Tetanus	2	.....	2	6	3	3
Tuberculosis	66	25	41	77	26	51
Cancer	57	45	12	51	37	14
Pellagra	9	3	6	8	4	4
Diabetes	4	3	1	5	2	3
Cerebral Hemorrhage Apoplexy	76	50	26	59	30	29
Chronic Heart Disease	101	62	39	91	62	29
Disease of the Arteries	13	10	3	3	3	.....
Pneumonia	22	14	8	34	23	11
Diarrhoea and Enteritis (under 2 years)	16	8	8	19	11	8
Diarrhoea and Enteritis (2 years and over)	12	4	8	13	11	2
Chronic Nephritis	57	30	27	76	37	39
Total Puerperal State	22	12	10	26	15	11
Disease of Early Infancy	49	38	11	63	42	21
Senility	32	14	18	41	23	18
Suicides	7	6	1	8	8	.....
Homicides	22	6	16	31	8	23
Accidental Drowning	11	5	6	9	5	4
Railroad Accidents	2	1	1	8	6	2
Accidents by Firearms	11	6	5	5	3	2
Automobile Accidents	14	8	6	21	19	2



83% is NOT ENOUGH for admittance into the United States Birth Registration Area.
The birth records must be 90% complete before a state will be admitted.
Florida had the percentage for admittance in 1924.